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THE "TRAINED" NURSE—AN APPRAISAL AND TRIBUTE¹

BOTH doctors and the laity have said a great deal of late about the commercial spirit of nurses and their general shortcomings while their sins of omission and commission form a fertile subject for discussion, wherever groups of women collect, especially over the afternoon tea table. Even graduate nurses of mature years throw up their hands and say: "Oh! nurses are not what they used to be." Are we not apt to generalize too freely, to pay too much attention to instances to the exclusion of perspective in regard to the whole, and to magnify the individual in a glass that distorts the system from which she should not be separated?

¹The article, *The Trained Nurse—a Plea and a Protest*, was published anonymously because, in the judgment of the editor, it seemed unwise to stigmatize a particular city when the criticisms recited are subjects of discussion in most of the cities of the country. The reply to the Plea was prepared by a nurse who has had unusually rich opportunities for viewing the profession as a whole. She remains anonymous by her own request—a modest wish we believe it is only fair to grant.—Editor.

The writer of "A Plea and a Protest," in the *October Journal*, who reviews a series of ten exhibits, seems to have had unusually hard luck. But let us look at

the other side of the case and with other "exhibits." Incidentally, one cannot help wondering a little about her source of supply—whether she secured her nurses through a reputable registry, and in the case of those who did not come from "sectarian Christian hospitals," but from "other organizations," to what organization she had reference. There may be nurses who do all the things of which the ten exhibits were guilty, and there may

be nurses who capitalized the miseries of the "flu" epidemic, charging several times the established rates. It must not be forgotten that, in many instances, it was either the doctors or anxious individuals who offered exorbitant sums at that time in their eagerness to secure nursing help. When tracing these reports to their source in other cases, it has usually been found that the nurses were not graduate nurses, but practical ones.

LET us remember that it is fatally easy to generalize from a few instances.

Let us remember that bad impressions, apparently, color public opinion more quickly than good.

Let us remember that a whole profession is judged from the conduct of each person.

If there is a nurse who fails, let us be slow to blame her—let us inquire into the causes.

Like the writer of "A Plea and a Protest," I, too, have had much to do with nurses. It was not, until recently, in the intimate relation of nurse and patient but as student and teacher. Various administrative and supervisory relationships, where groups of nurses and individual members of the profession in large numbers have been observed in circumstances of every conceivable nature, trying and otherwise, have provided a wonderful opportunity to study them. At the completion of twenty-five years of close range observation, the failures have been so rare that it is with difficulty I recall them, while those who have risen to noble heights of sublimity are legion. They have come, too, from all kinds of schools, large and small, sectarian and non-sectarian, public and private.

Then came a trying period some time ago when I will confess to a mental reservation about the nurse in private duty, of whom from actual experience I knew little. As she might be in a class by herself and perhaps deserving of some, if not all, of the criticism floating about I, too, with sensibilities dulled by a sudden and acute illness (the first since childhood) heard the physician's statement, "Miss B. must have a nurse" with some apprehension, if not actual anxiety. What would she be like? Would she be neat and orderly? Would she sit and rock and rattle newspapers and blow the soup? How all the criticisms we ever hear drift through our minds at such a time!

The nurses came, not one but two, for the case meant a day and a night special. They were both comparatively young but they did all the things that I had taught nurses that they should do

—and none of the things that I had heard young nurses now usually do or leave undone. They dusted the room, put out the rugs (for I was in a hospital), swept the floor, kept the open fires going, took exquisite care of my flowers, actually writing on the backs of the cards what class they were, whether roses or violets, etc., that it might be mentioned when acknowledgments were sent. They also wrote my notes and read me to sleep and the bodily care they gave to a fussy woman—and I will confess I am that—left nothing to be desired. Through the long, tedious nights the night special nurse brought relief to my pain racked body and sleep to my wakeful eyes, by the rubbing of arms and limbs. As soon as she ceased, from sheer fatigue, my eyes would open and then, tired as she was, she would resume the same operation. Had this nurse done nothing else but this—her other nursing duties were never neglected—she would have left a grateful patient when the time came to leave.

Never did I make out checks at the rate of six dollars per day for each, with such real pleasure, for never did two women so deserve their pay. As I wrote them, there flitted through my mind the thought that I was paying at the rate of fifty cents per hour for skillful, professional work, that I paid as much per hour for a man for house cleaning or plumbing, and that I paid more for painting or hair washing. Furthermore, the thought recurred that no matter how many years those private duty nurses might work, they would probably never receive more, unless they moved to a larger center, where they might receive \$7.00 or \$8.00 per day. They would continue year in and year out to work

twelve hours per day, seven days a week, or even more for the same amount. The only variation would be in the type of patient, the conditions in the homes, or in the institutions. Is it surprising that occasionally a nurse loses her perspective, or her interest in nursing affairs, or becomes narrow in her views, or leaves nursing altogether for the business world?

In a few months the writer again fell acutely if not seriously ill,—this time in her own apartment in a large city where she lived alone. She again heard the physician say to a neighbor (who had "risen" in the literal as well as the figurative sense to the occasion—for the hour was 3 a. m.—responding to the first S. O. S. call sent after inability to brave it out all alone), "Miss B. must go to a hospital." Miss B., however, still possessed enough mind to suggest a nurse and in what seemed a comparatively short time, one arrived. Again I wondered what she would be like—in this case it may have been because I was not in hospital, kept no maid, and depended upon a weekly cleaner, generally "eating out"—and hazily speculated whether I could find a suitable servant to do the cleaning and cooking. Too sick to plan, I should have found this difficult if not quite impossible. Kind neighbor suggested that we have cooked food sent in, but the nurse, tall, trim, with curly, short, dark hair (bobbed it really was, although she later confessed to having cut it to thicken it), immaculate, but not in the first bloom of youth, spoke up and said: "I would prefer to prepare the food for my patient and while I am doing that, I can prepare my own." A load rolled off my shoulders, such was the relief.

Have I not confessed to fussiness? As I could see the "fluff" rolling up under the bed, for it wasn't the day for the maid, I wondered, when the nurse had put into effect the few orders left by the doctor, whether I dared ask her to dry mop the floor. It seemed that she read my thoughts, for she said, "Where do you keep your duster? The dust collects so rapidly on mahogany furniture." Here was the opportunity to introduce the dry mop suggestion. I ventured. "Yes," said she. "I was about to ask about the floor." From then on, she assumed full responsibility. She dry-mopped and dusted before I waked in the morning. She cooked the food, watered the plants, even washing the saucers, and ministered to all my physical as well as to my intellectual needs, selecting good books and reading me to sleep at nights. There was no question of twelve-hour duty. She slept in the adjoining room and was not called more than once during the night. Two or three hours were taken off in the afternoon, but she always arranged for some one to come in and sit with me. True, I was not desperately ill, but I am sure that had I been, the same type of service would have been rendered.

I wondered what my kitchen would be like, for this little gem in my house-keeping arrangements was my particular pride and joy. Should I find my pet stew-pan burned, my tea towels and dish cloths grimy? So, anxiously and surreptitiously, I made my first visit to the kitchen when the nurse was having her hours off. It was immaculate—the drain board scrubbed to the nth degree, the tea towels snowy white and oh joy! the silver, especially my service, was shining. It had all been cleaned. No

easy task, that service, because of its bulging and creased character. Such attention I should hardly have expected from a member of my family or a lifelong friend. I found my way back to bed literally trembling with emotion. So it went. Again I cheerfully and gratefully made out a check in payment and this time, the thought flitted through my mind that certain types of service could not be compensated for in terms of gold or silver.

"Ah!" some will say, "these were only three nurses." Or, "They knew who you were." Every one of these women, I feel certain, would have rendered this same type of service to any patient. And for the sake of strengthening personal experiences, let me give one other illustration. During the year a sister had to be operated upon in a near-by hospital. The case proved very serious, with many complications, and it required the most skillful and intelligent nursing care. Special nurses were required. *They were untiring* in their effort, unflagging in their zeal. In the case of one there was some lack of finish and tidiness but this was more than offset by her energy, good nature, patience, and careful surgical and medical technic, while her understanding of the mental and physical requirements of the patient was of an unusual nature. All of these nurses, with one exception, were comparatively recent graduates.

I don't believe these personal experiences are exceptional. Yet what grounds are there for the only too frequent criticism of the private duty nurse? The old saying, "Where there is smoke, there must be fire," is usually true. Is it in line with the sort of criticism that is heard of the youth of today? Thought-

ful persons cannot hear these criticisms of nurses without raising a few questions. Are there "flapper" nurses as well as "flapper" stenographers and "flapper" shop girls? Yes, there are—I have seen quite a few. Are they only "flappers" in appearance? Does it follow from the extremely youthful age at which students are now admitted to training schools? We cannot expect maturity of thought or judgment of action from a young student nurse graduating at twenty-one, in spite of the sobering conditions of hospital life. Can so young a person possibly have the experience with people and life generally to cope with conditions as they exist in the usual home of today, becoming more and more complex day by day? Is her health even well established and what about her emotional life? Has this been steadied by the hard work and unusual environment? Have not the most beautiful and wonderful years of her youth been spent in sight of sickness, disease and under a restrictive system? There is a set time for everything. She eats, sleeps, studies and works by rule, all of which is good for the average person but trying to youth. Will she realize that she has lost something that many other girls have as a matter of course—a chance for a good time? Is it a wonder that she reaches graduation in a confused and bewildered state of mind? If so, would it not be a most unusual young person who could so adapt herself to the changing circumstances as neither to appear gauche nor to commit all kinds of social and ethical errors.

It may be that some of these reasons account for those instances so generally magnified that criticism becomes

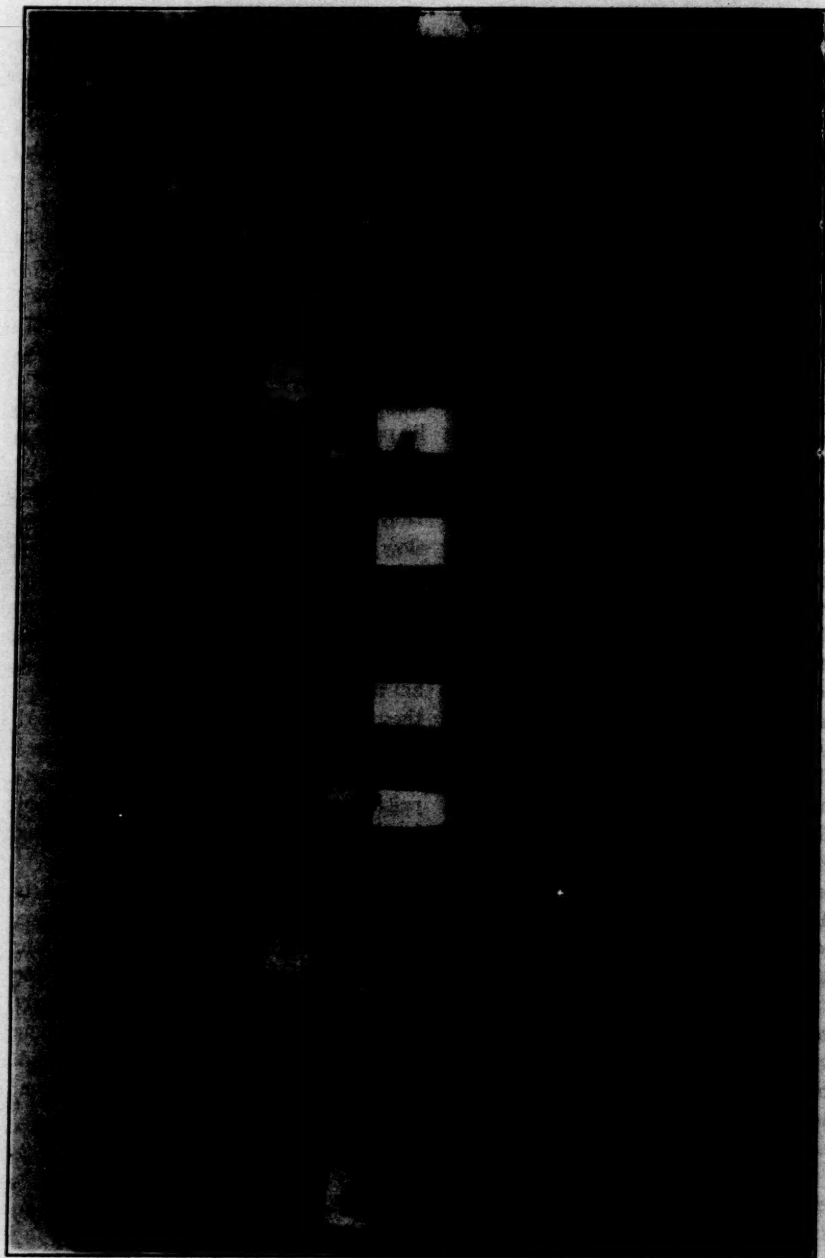
widespread. Or it may be that there is imperfect and inadequate supervision in some schools. The younger the student, the greater should be the amount of individual supervision. Is this always the case? And we must not fail to take into consideration the home training and daily influences, which may have been inadequate and improper. Whatever may be the cause, those who are responsible should face and not shirk it. I have always felt that nurses are what the faculty decrees they shall be, i.e., a superior faculty will be likely to graduate good nurses. I once heard a wise mother say that when she felt inclined to spank one of her children, she refrained and began to investigate the causes for this desire which usually ended by wanting to spank herself. If the trouble, therefore, is in the school with the faculty or with the system, let us try to correct it. The great need for careful, ethical teaching from the moment a student enters until she leaves, is obvious. It is particularly necessary with younger students. Nor, to achieve results, can this teaching be confined to a few set lectures in the class room in the Senior year. It must be a matter of daily and hourly routine.

In selecting head nurses and supervisors—for they are the practical teachers—this point of view should be borne in mind and their qualities judged accordingly. Only those true to the highest standards of thought and action should be selected. Did some one say

that this is difficult? Yes, we admit that it is. The Director of a School more often than not is obliged to "cut her pattern according to her cloth" and may not always be able to accomplish this.

This line of speculation could be continued indefinitely. As it is the younger nurse in private duty who is usually "under fire," I have confined my observations to this group. Let us remember that it is fatally easy to generalize from a few instances. Let us remember that bad impressions, apparently, color public opinion more quickly than good. Let us remember that a whole profession is judged from the conduct of each person. If there is a nurse who fails, let us be slow to blame her—let us inquire into the causes. Personally, I believe in the younger nurses. So far as I can see they are not really very different from those graduating when I did. In fact, I am rather inclined to feel that, as a rule, they have a healthier and more candid outlook upon life. Their youth passes soon enough; it is outgrown with surprising rapidity. Let the older women in the profession help them by setting the best possible example.

Women are apt—so the other sex is fond of telling us—to take everything personally and nurses are no exception. When criticism comes, let us look for the cause and make an effort to remedy it. Appreciation and understanding come when we deal with root-causes and look at the individual as a part of a system.



OVERLOOKING LAKE MICHIGAN, THIS BEAUTIFUL LOUNGE HAS BECOME THE CENTER OF SOCIAL ACTIVITY OF FIRST DISTRICT NURSES

WORK AND PLAY AT FIRST DISTRICT HEADQUARTERS, CHICAGO, ILLINOIS

BY NELLIE M. CRISSY, R.N.

THE First District of the Illinois State Association of Graduate Nurses has found a solution for many of the professional and social activities for its members. It centers at a headquarters in the heart of the city and radiates throughout the entire District, which is composed of three counties. Many of the plans, hopes and aims of the Association which have been in the making for nearly fifteen years, have come true and members are now setting another goal which they hope to reach in time.

One visit to the headquarters is enough to prove that much has been accomplished in the District. Beautiful spacious club rooms, overlooking Lake Michigan, are the center of business, educational and social activity. Here the Club and Registry, around which the headquarters was originally established, are found doing business every moment of the day and night.

The lounge is changing almost hourly to accommodate the many activities of District members. Now it is a school room, where nurses are becoming "Effective Speakers" under the direction of a University professor; now, they are vying with each other to bring out "Personality," or they are learning to relax through "rhythmic dancing." Committee meetings are frequent and group meetings are regular affairs.

Realizing that the mutual development of the members depends not only upon work and education, the Club Committee has developed a social pro-

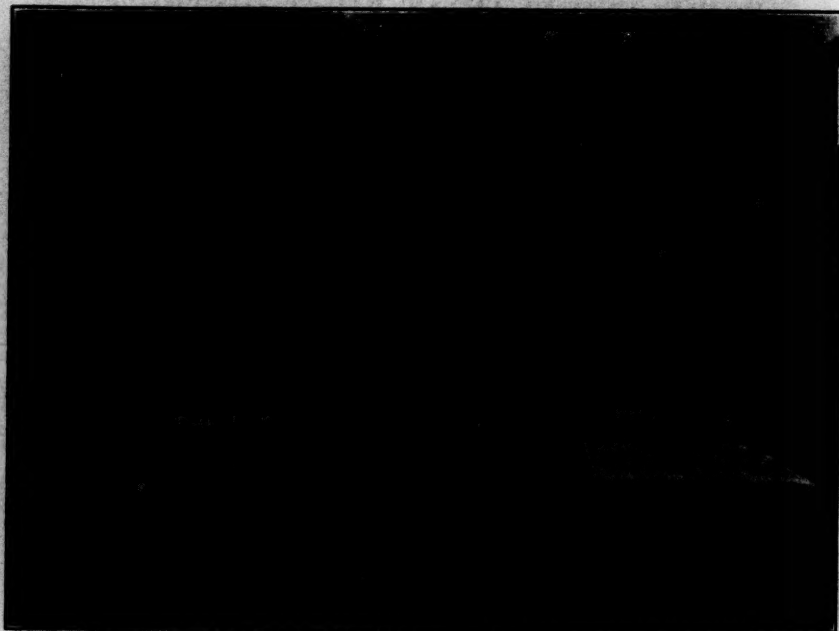
gram which has been the means of bringing large numbers of the nurses together in informal gatherings. The recent Christmas party which packed the big rooms and a "home" wedding for one of the nurses, were typical of the events held frequently. It has become a real social meeting place of nurses of the entire community.

A year ago, afternoon tea and luncheon service were installed and immediately followed a demand to serve dinners as well. Committee groups, Alumnae Associations, and individual nurses entertain at luncheon, tea and dinner every day in the week. It is not unusual for forty or fifty members of Alumnae Associations to meet at dinner. Excellent food, at reasonable prices, served in attractive surroundings, has made the dining room one of the popular features of the Club.

The regular First District meetings are held at this headquarters as are two interesting sections in the First District, the Public Health Nursing Section, meeting regularly to discuss their mutual problems and interests and to get acquainted with each other; the Private Duty Nurses likewise hold interesting meetings at regular intervals.

The success of the first District Association activities is due to the vision, leadership and untiring devotion of a small group of nurses headed by Minnie H. Ahrens which has been responsible for the progress made in the last few years.

The story of our activities would not



NURSES ENJOYING THE PRIVILEGE OF DROPPING IN FOR LUNCH AT HEADQUARTERS

be complete without a few words about its background. It was the foresight of this group which was largely responsible for the Illinois State Association, which was later divided into Districts, a plan which was in practice, in Illinois, before it was adopted by the National Organization. A Central Registry and Club were among their first considerations and after intensive work in 1913, they were organized with Miss Ahrens as chairman of Club and Registry Committee and Lucy Last (now Mrs. Van Frank) as Registrar. The Registry membership now of twelve hundred graduate nurses is constantly increasing. The minimum number of calls filled, in any one month, is practically one thousand.

The first Club House, with the Registry, which was situated on the South Side, grew so rapidly that it was necessary to take over another house. One of these was later given up when, in 1919, Club activities were centered in the rooms in the downtown district. Then a splendid thing happened,—one of the fine old homes on Prairie Avenue was given to the District Association for a residence club, which is the present home of twenty-eight nurses.

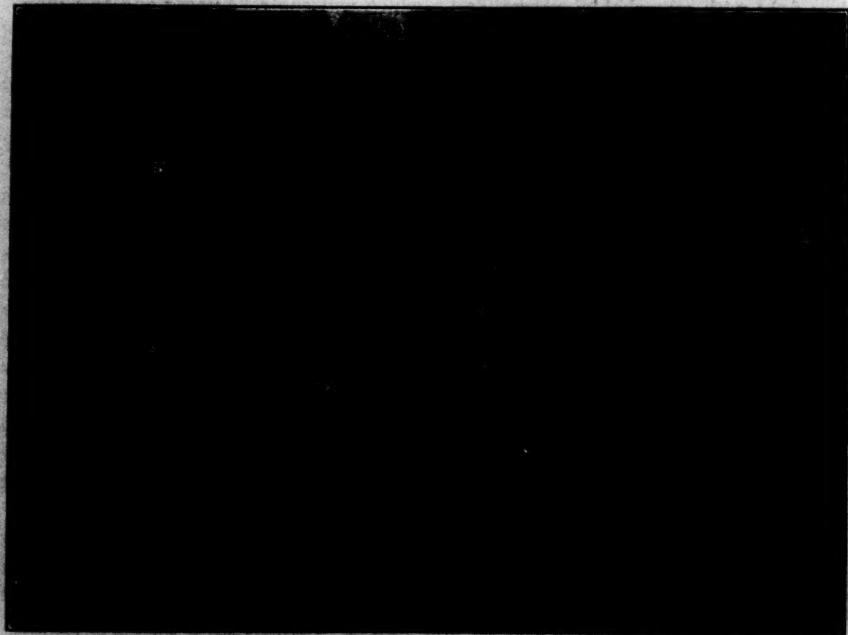
The rapid development of the District activities and increasing membership which has passed the twenty-five hundred mark, made it advisable and necessary a year ago to secure a leader who would be able to give her entire time to the direction of the work. There was

one person to whom the members of the Association turned,—the one person who in their minds could do the work as it should be done. That was Minnie H. Ahrens, the woman who has been very responsible for the progress of nurses in the First District.

Miss Ahrens gave up her responsible position with the American Red Cross to accept the honor given her by her colleagues and is now their executive secretary. Since her appointment, many of the duties of the officers and committees are carried on through the central office. Under her leadership things have gone forward consistently and efficiently. Every day sees the Association on its way toward accomplishing the many things it set out to

do many years ago. The nurses in the District are meeting each other on a professional as well as a social basis; they are aiming, through organization, to bring about a better understanding between the nursing profession and the professions of medicine and of social work, an accomplishment of primary importance in giving service to the public. Through the growth of both the District Association and the Club it has been made possible, recently, for non-professionals, interested in nursing, to become members of the latter. The activities are financed through membership dues in the District, Registry and Club memberships.

An acceptable method of governing headquarters is by the Board of



MINNIE H. AHRENS, EXECUTIVE SECRETARY AT WORK IN HER OFFICE AT HEADQUARTERS

Directors of the First District, with a special committee of five. A centrally located Club House where nurses might live and conduct the District activities is a part of the ultimate goal. But in no

headquarters could a better feeling be fostered than in our present one where we meet on common ground, finding welcome, information, fun and an understanding of each others' problem.

NATIVE MEDICINE IN BRAZIL

BY JULIA DE REGO BARROS,

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(Translated from the Portuguese)

The knowledge that Indians possess about medicinal plants and their application to the different diseases, is most extraordinary. Therefore, the diseases which they fear and recognize, such as tuberculosis, rheumatism, uremia, etc., they fight with remarkable success, and there are others such as deafness, myopia and baldness which they do not have. So we must conclude that, either those diseases are exclusive to civilization, or that the knowledge they have of preventive and curative drugs is admirable.

It is a pity that, because of selfishness or mistrust, the Indians should be so reserved that one can, only with difficulty, find out the name of a plant and its application for the cure of disease.

A considerable number of native drugs and their uses are now known. Marvellous cures of cancer are said to

have been effected through the use of very hot applications of the fat of a native snake.

In long journeys, when there is no certainty of finding either food or water, the Indians chew the leaf of Ypadu, which will control hunger and thirst for a long time.

It is most interesting to see them suture an open wound. There is a variety of very large ants that have extraordinarily large and strong tentacles. An ant is caught and held firmly by the body. Naturally he is very angry, and when he is held head down over the edges of the wound (that are held together) he buries his tentacles in the flesh. The body of the ant is then broken off at the neck, the clasped tentacles stay in place and make a perfect suture. As there is no scarcity of these ants in the country, sutures are always available.

THE CHILD HEALTH MAGAZINE

The American Child Health Association has discontinued the publication of the magazine, *Child Health*. The Association will, instead, put out a bulletin which may be relied upon for information on special subjects suitable for press releases. The Association expects to increase greatly its distribution of information in child health through popular magazines, professional, class and trade journals and the press.

WHOOPIING COUGH: ITS IMPORTANCE AND TREATMENT

BY JOSEPH ANDREW JOHNSTON, M.D.

WHOOPIING cough, like measles, is looked upon by many mothers as one of those necessary evils of infancy and childhood which must be borne, and assumes with them the importance of teething. It is true that the mortality is slight in children over five, though its complication by bronchopneumonia and its ability to light up a latent tuberculosis are much to be feared sequelae; but in the infant, no more serious disease occurs. The city of New York reported over 500 deaths from pertussis during a nine-month period in 1920, over seventy-five per cent. of which were in patients under two years.

The incidence of this disease, unlike measles, shows no period of immunity in the early months, though there is a lessened susceptibility under six months. The number of cases falls off sharply after the sixth or seventh year. The seasonal incidence varies somewhat with climatic conditions, but the period, February to May, would probably include the majority of cases. The susceptibility to the disease is fully as great as measles, and makes for its widespread occurrence in crowded districts; transmission is usually by contact, though it is possible for a third person to communicate the disease.

The period during which a patient is to be considered contagious is not definitely known, though the rarity of obtaining cultures of the Bordet bacillus (which is now fairly generally accepted as the etiological agent) from the larynx

after the third week of the "whoop" makes this a reasonably safe date to set. The incubation period is likewise unknown, but sixteen days is a safe outside limit for the isolation of an exposed case.

The spread of the disease is due in no small measure to the very great difficulty of recognizing it in its most contagious period, the catarrhal stage. The child is brought to a physician because of a cough; it is not paroxysmal as yet, the "whoop" has not yet been heard, nor does he vomit after coughing. The suffused eyes and the ulcer beneath the frenum are likewise later manifestations. Perhaps the greatest aid the physician has at his command at this stage in a suspected case is the differential count; a relative lymphocytosis with a high leukocyte count is very strongly in favor of pertussis. In institutions, this fact has been invaluable in isolating cases early. When the paroxysmal stage has been reached, the diagnosis offers no difficulty, but by this time the greatest harm has been done to those exposed.

The catarrhal stage lasts on an average about ten days, and the paroxysmal stage about a month or six weeks. Convalescence may be distressingly prolonged and the "whoop" persist for months. The development of a "habit cough," which persists for months after the disease has subsided is not uncommon.

In the treatment of whooping cough, the physician wisely retires in favor of

an intelligent nurse or an understanding mother who can devote a very great deal of her time to her patient. Until very recently, the physician had recourse to only two things, the sedatives and vaccine. Neither is absolutely valueless, but both have proved very disappointing. At the height of the paroxysmal stage, it may be necessary and is often helpful to use the sedatives—codein, antipyrin, the bromides and atropin are the more commonly used drugs. Their systematic employment throughout the entire course of the disease is as harmful as it is useless. A tolerance is quickly established, and at the time when a quieting effect is most desired, the drugs are ineffective. Alarming and even fatal symptoms have attended the administration of the coal tar derivatives and narcotics over prolonged periods. They have their place, but their selection and their time of employment require a nicety of judgment.

The experiences of different observers, and of the same observer at different times, with vaccine treatment are extremely conflicting. It seems to have helped in many cases where it was employed at the onset of the disease, but the results in general certainly do not warrant its widespread adoption.

More recently, work on the X-ray therapy of pertussis has given us a great deal of hope. It is not claimed that the treatment, which consists in the radiation of the hilus nodes, offers a cure, but that it diminishes the number and intensity of the attacks of coughing. Three exposures are given on alternate days, the series being repeated in a week if improvement is not marked. The results reported so far are impressive, but lack confirmation by other observers.

The therapeutic use of the roentgen ray is not harmless and should not be rushed into by the uninitiated. There is, however, a rational basis for this type of treatment and it is hoped that very soon the work will be taken up by other clinics.

The general care, the feeding and the nursing of the child are still by far the most important items in the care of the patient, especially the infant, with pertussis; it is the nurse who can accomplish most for his comfort.

It is generally believed now that children do far better in the fresh air than in warm or steamed rooms; that it is best that they spend most of the day out-of-doors and sleep in a cool, well ventilated room. It is well to warm the bed-clothing before putting the child to bed, as any sudden change in body temperature may provoke a paroxysm.

Clothing should be warm enough to suit the weather, but as light and loosely fitting as possible. The use of an abdominal binder is widely recommended, and though it may have little influence on the number of paroxysms of coughing, it will diminish the amount of vomiting. It should fit snugly and can be made up readily of stockinette.

The question of feeding is the most important single item in the care of the patient, especially the infant, and we have come to judge the effectiveness of our treatment in pertussis by the same standard we use in typhoid: Has the patient survived the disease a nutritional wreck, or have we maintained his weight? The vomiting in pertussis must not be thought of as the nausea of an acute gastro-intestinal disturbance to be treated by the withdrawal of food; but rather as a mechanical affair demanding

more food to replace that lost. For this reason, when possible, it is desirable to feed the child after a paroxysm; when vomiting occurs, to refeed him, and when this symptom is prominent, to use thickened foods less readily vomited. In the infant, buttermilk modifications thickened with flour or cereal are tolerated and retained better than are most foods. The appetite of the older child must be catered to; in the hospital, a detailed, theoretically correct diet ordered by the physician will often fail where a nurse will succeed in feeding more or less according to the whim of the child.

Whooping cough runs a far more strenuous course in the nervous child than in the otherwise healthy one. Not only must the appetite be catered to, but it becomes necessary more or less to "spoil" him during the period of his affliction. Anything that excites or angers him is apt to set off an attack

of coughing. Once started, it is hopeless to check a paroxysm, but many may be aborted in a child whose confidence has been gained and who can be persuaded to try to exert the will not to cough. The older child may be taught the trick of pressing downward and forward on the lower jaw, a useful procedure.

At present much more can be accomplished by vigorous attempts at prophylaxis than by therapeutics. Isolation must be secured for the sake of other children until the paroxysmal stage has passed, but especially during the very early stage of the disease. Closer cooperation with the Health Board in reporting cases will help greatly. The wearing of an arm-band by the patient abroad helps, but represents a compromise with strict isolation. Disinfection of the patient's dwelling is accomplished best by sunlight and air, the organisms dying rapidly on exposure.

WHOOPIING COUGH STATISTICS

ACCORDING to the Annual Report of the Surgeon General of the United States Public Health Service, recently transmitted to Congress, there was an increase of about 60 per cent. in the number of cases of whooping cough with an increase from 4.4 deaths for every hundred cases to 5.5 deaths per hundred cases for the two years. This apparent increase in cases may be due to neglect in reporting the milder cases.

During the five years, 1917 to 1921 inclusive, more than 53 per cent. of the deaths from whooping cough were in children under one year of age and more than 93 per cent. in children under five years of age. These facts emphasize the great importance of keeping young children away from this disease if possible, as the chances of surviving an attack increase with the age of the child.

OUR INTERESTING SELF

BY FLORENCE E. TAYLOR, R.N.

I

IN this day of ceaseless activity it is well and very necessary, if we are to derive our share of satisfaction from life, to pause now and then long enough to determine for just what goal we really are striving, and frequently enough to keep well supplied with that intangible "something" which helps us to keep physically, mentally and spiritually fit, and to be an aid and inspiration to our fellow man.

Man (this means woman also) is a triune being. This is not a new statement, but an old truth reconsidered is none the less helpful and inspiring. In taking up the problem of life there are three phases to consider—the physical, mental and spiritual. These three activities so overlap and interplay that it is often difficult to determine which function exercises the greatest influence, but we do know that the well-being of one function acts beneficially upon the other activities. It is impossible for a machine of any kind to run smoothly with any one part out of order.

Nature began to build—or evolve—from the lower to the higher, and so it is well for us, in considering the science of life, to look first to the physical phase of our being and build brick by brick from there. If the mental and spiritual activities are to develop to the highest degree they must be provided with a fitting abode to work through and manifest from.

Physical improvement can be achieved by proper attention to exercise, indoors and out; intelligent consideration of the diet; the liberal use of water, internally

and externally; generous doses of fresh air daily; and sufficient sleep and relaxation. It really takes no more time to live properly than to exist improperly. It does, however, require organized thinking and sufficient will power to carry out the ideas which this thinking evolves.

Nature is a lenient master, but sooner or later an inventory of life is taken, accounts balanced, and the report rendered. If we have been disobedient to the natural law under which we function, we must pay the price of the infringement, be it great or small. This being true, let us then endeavor to create and maintain the proper balance in the physical, mental and spiritual realms of life.

II

In our mental life the emotions play a very important rôle. During the Stone Age, man needed the destructive emotions of anger, fear, hatred, and so on, as aids for self preservation; but as we no longer stand in need of such aggressive stimulus for bodily protection, the time has come to transmute these destructive feelings into some higher and constructive form of energy. This can be done by a process of intellectual transplanting and uprooting.

Our emotions serve us either as allies or enemies; upon which side of the battle line of life they work, depends upon the individual himself. The right and power of the selective draft belongs to every one. Each man and woman is supreme ruler in his or her own mental kingdom.

It has been scientifically proven that

destructive emotions change the chemistry of the body, as well as greatly interfere with some of its physiological functions. Anger, fear, hatred, worry, jealousy, greed, and other inharmonious feelings are real poison-producers. Every one knows the severe exhaustion, the "like a rag feeling" which follows an outburst of anger; the cold, cringing sensation which accompanies fear; and many know the gastro-intestinal disturbances generated by worry and nervousness.

When destructive emotions habitually predominate, the health is inevitably gradually undermined, and business and social efficiency and popularity decline. Personal charm and magnetism flee before the onslaught of hate, anger, fear, selfishness, envy, and such thoughts. I firmly believe that our insane asylums harbor inmates who would be perfectly normal people had they understood and applied the laws of mental hygiene in their own lives.

I once knew a woman whose husband died suddenly, while they were enjoying a southern sojourn together. The woman returned home and gave herself up to uncontrolled grief. She told me that day after day she lay on the couch and wept, making no effort for self-control. This woman had enjoyed every advantage of money, travel, and general culture, but she had lived for herself alone, and so when grief and adversity overtook her, she rebelled vigorously and indulged freely in ruinous emotions, instead of seeking some constructive outlet for the accumulated energy. She failed to transmute her sorrow into some form of service for humanity. What happened? She died hopelessly insane. During her lucid moments, this woman

told me that she believed she herself was responsible for her own condition.

If it is true that destructive emotions tear down, it is equally true that constructive feelings build up, and build rapidly. The right kind of thoughts are a great tonic. They not only act as mental stimulants, but the beneficial, physiological effects are far-reaching. We know that joy exhilarates; that courage expands the chest and straightens the shoulders; and that happiness fills us with a peculiar kind of radiance, quickens the step and brightens the countenance.

If a poison is taken into the body, the first step is to administer the antidote, and then proceed to effect as complete an elimination as possible, and as quickly as possible. The same rule applies to the mind. If we have been accustomed to indulge in the mental poisons of worry, fear, anger, jealousy, envy or greed, we should immediately administer the antidote. It is possible to crowd every discordant, every inharmonious thought out of mind at once, by calling up the opposite feeling. Thoughts of peace and calm persistently held will help marvelously to neutralize worry; faith, hope and courage are deadly enemies of fear. This principle applies to the whole category of discordant feelings. The mind can really hold but one thought at a time, and so while joyous sensations reign, sadness must abdicate.

This process of transmutation may not be accomplished instantaneously, but will, in time, yield big dividends and prove a very interesting and beneficial occupation in which to indulge.

We often acquire the habit of gloom and pessimism, when we could almost

as easily cultivate and revel in the sunshine and joy of optimism.

Thoughts are things, thoughts are creative forces, they follow the law of all nature and create after their own kind. We tend to become like that on which we dwell. If we constantly send out hate thoughts, hate, or some of its by-products will come back to us. If hope and cheer are the mental foods upon which we feed, we generally find the world a pleasant place in which to pass a few short years.

III

A great many of life's activities, mental and physical, are carried on in the subconscious mind. The subjective mind keeps the heart beating, regulates the breathing, oversees the glandular functions of the body, and so on, and also serves as a store house for the impressions, thoughts and feelings which we accumulate daily, and which we have been accumulating from birth, and before, no doubt.

It is through the subconscious mind that we come in touch with the Infinite, with the Cosmic Consciousness of which we are a part. The Master told us that the "Kingdom of Heaven is within." Our "hunches" are a product of this submerged mind. How many times have we experienced thoughts and ideas which did not come through the intellectual channel of reason? How many times do we say we do not know why we know a particular thing to be true, nevertheless, we do know it. How many times do we retire with a problem on our mind, and awake in the morning to find the mystery solved? Subconscious mind did the trick while we slept.

These occurrences are not accidents;

they are the result of natural law. When we understand the subjective mind, it is possible to make it work constructively for us; it functions constantly. Why not harness its forces and let it drive us straight to the goal we wish to attain?

The result of our emotional activities, impressions, and daily mental life, of all kinds, is sunk into our subconscious mind, and determines what sort of a person we are to be. We are sure to act according to our subconscious content, but we have the power to choose what this content shall be. Psychology tells us that we tend to become like that to which we give attention, and that to which we pay attention determines what we are. A nice little circle, isn't it?

The subconscious mind is a garden—the garden of the soul—in which we may plant the thoughts, feeling and ideas which we wish to see develop into actualities. But if our dreams are to come true, if our subjective self is to work for us, if we are to develop the richest spiritual values, we must go about the matter systematically. This can be done by regularly taking some time each day to go alone, get quiet—very, very quiet—listen to our own breathing, and then listen to the "still small voice" within. This having been accomplished, form a mental picture of the thing or things you wish to attain. Think of them as actualities, and you will be amazed to see how quickly you can detect changes in life, your way of thinking and feeling, and how much more intelligible the "still small voice" becomes. Your general health will also show improvement. There is a law of thought attraction which does bring us into touch with the people or things we desire and have need of, if we persistently put

forth a positive effort along the line of our desires. But it is necessary to make an effort; anything worth while must be worked for. We get ideas from the subconscious mind, if we listen for them, which will direct us in our life's activities; but these ideas are powerless, unless we act on the suggestions received. To think and think, and never act, is merely a waste of energy; but deep thought, with the doors of our soul thrown wide open to catch the inflow of Divine wisdom, counsel, guidance—call it what you will—followed by action, is a mighty force.

All nature has a period of rest, fol-

lowed by a season of activity. We are a part of nature, and to develop and maintain a well-rounded life,—body, mind and soul should work in accordance with natural law.

Let us stand aside, so to speak, and view this interesting self of ours, physically, mentally and spiritually, appraising the good qualities and honestly acknowledging the weak points. Next, let us proceed to build up the desirable points, and eradicate the undesirable by constantly working towards the opposite. From this procedure will eventually emerge the personality we really aspire to possess.

THE USE OF MERCUROCHROME IN TYPHOID FEVER

BY IRMA CLEARY, R.N.

IT is only within the last few years that the various dyes have been used in medicine and surgery.

One of the most popular of these is mercurochrome, a non-toxic, non-irritating and very penetrating compound, containing 26 per cent. of mercury. It was first used in external wounds on skin and mucous surfaces. Its use internally originated with Dr. Hugh Young of Baltimore, Md., who employed it as a urinary antiseptic in various infections of the urinary tract. In addition to these, it is used in infections of the glandular organs, where penetration and prolonged action are desired, in puerperal infections, pneumonia, typhoid fever and in various blood stream infections.

It is considered by many authorities as a true blood stream antiseptic. Its use in animals, after artificial septicemia has been induced, has rendered the blood

sterile in a few hours. It can be used in any of the various mentioned infections, except where the red cell count is very low; then its use is questioned as it does destroy some of the red cells. If repeated injections or large amounts are given, one must watch for salivation because of the high percent. of mercury. The average dose is 5 mgm. per kilogram of body weight, but authorities differ and many times 10 mgm. per kilogram of body weight are given with excellent results.

For intravenous injections, enough of the mercurochrome is dissolved in sterile distilled water to make a 1 per cent. solution. The same aseptic precautions and technic used in any intravenous injection are observed and it is given with a syringe, or by gravity method, directly into the vein. The only difficulty lies in being unable to tell when the needle

given and in one and one-half hours the temperature rose to 106.8 degrees with a pulse of 130 and a respiration of 42. Eight hours later, however, the temperature had dropped to normal where it remained for three days. Immediately after the drop, the child brightened up, answered questions in monosyllables, was able to retain some nourishing liquids and a marked improvement in her general condition was noted. Four days after the second injection of the mercurochrome, the temperature again rose to 103 degrees. The following day 15 c.c. of the 1 per cent. solution or 10 mgm. per kilogram of body weight was given with a temperature of 102.2 degrees. In one hour it rose to 105.4 degrees but twelve hours later, gradually dropped to normal. For one week the temperature was below 102 degrees and the child was asking for food. The giving of more mercurochrome was debated and it was decided to give one more injection. One week from the time of the third injection, 15 c.c. of the 1 per cent. solution was given, with a temperature of 100.8 degrees. In one hour it rose to 105.4 degrees but in twelve hours had dropped to normal and here it remained until the child was dismissed.

On admission this child was acutely ill with typhoid fever and yet in three weeks after admission her temperature was normal, her stools were practically normal and her appetite was excellent. Her recovery was not expected, so there can be no doubt in this case, that the mercurochrome lessened the severity of the disease. The appended chart shows the rise and fall in temperature following the injections of mercurochrome.

The second case was a fourteen-year old boy, who was admitted, having been ill for ten days. His temperature was 104 degrees, his skin was dry, the mouth and tongue were parched and he was very ill, as well as irrational.

Two days later, 12 c.c. of 1 per cent. solution of mercurochrome (5 mgm. per kilogram of body weight) was given intravenously. The temperature rose one degree in two hours, but in twelve hours it had dropped three degrees. The child brightened up and did not seem so acutely ill. For the next twelve days, the temperature varied between 100 and 104 degrees, rising on the sixth and eighth days to 104 degrees, for a few hours only. On the fourteenth day after admission, the temperature dropped to normal and remained practically normal. The child convalesced rapidly. His appetite, which had been poor during the febrile stage, increased and he ate heartily.

The severity of the disease and the length of the febrile period were certainly lessened by the giving of the mercurochrome.

These two cases are fairly typical of the results obtained in the use of mercurochrome in typhoid fever as well as in other infections, since the severity of the one and the duration and severity of the other were decidedly lessened by its use.

The uses of mercurochrome, gentian violet, acriflavine and other dyes are of such recent origin that our knowledge of their usefulness is as yet very incomplete, but the results, so far, have been so satisfactory, that we are wondering what their possibilities may be for the future.

HERE'S SOMETHING TO HELP

By ADA BOURNE

WHAT do you do when you find you are without a Murphy drip bulb and one is at that moment unobtainable?

An essential such as this bulb is so fragile that breakage often occurs and we are familiar with the difficulty of securing another one when its use is required. In such an emergency one may, in the following way, make a drip bulb which will be entirely as practical and serviceable as the Murphy bulb.

Place a medicine dropper inside a glass connecting tube as illustrated in the picture, and bind with adhesive tape sufficiently tight to hold the dropper in place. The drip bulb is now ready for service.

You will find this arrangement quite as satisfactory as the Murphy bulb and you will experience no trouble over irregularity of the minim. Further, you need fear no breakage nor find extra care necessary and incidentally the use of this emergency bulb will tend to reduce the expense for supplies.

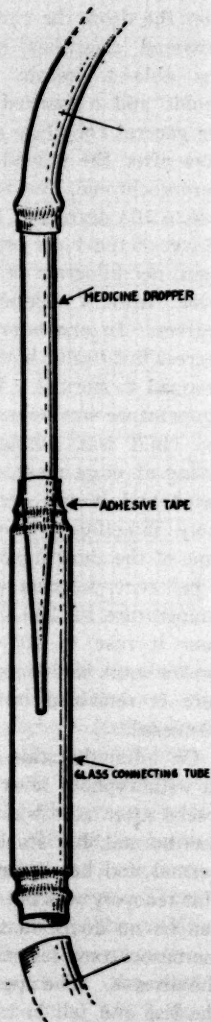
CLEVELAND'S ANTI-DIPHTHERIA CAMPAIGN

An anti-diphtheria campaign among kindergarten and first-grade children in the Cleveland schools is described in the *Ohio State Medical Journal*. Only children who bring signed permits are given the treatment, which consists of the Schick test to discover whether susceptibility to diphtheria exists, and then, in cases showing positive reactions, injection of three doses of toxin-antitoxin. Two-thirds of the 12,000 children tested during the present year were found to give positive reactions. No untoward results and very few local reactions followed treatment.

—From the Children's Bureau.

DRAWING OF
IMPROVED Drip-
BULB BY
ADA BOURNE

IMPROVED
Drip-
BULB



HOSPITAL LAUNDRY PROBLEMS¹

BY HELEN W. MUNSON

THE actual management of the hospital laundry has been considered an administrative, rather than a nursing problem. Many hospitals, however, are in charge of nurse superintendents; much of hospital housekeeping, which includes buying, is in the hands of nurse housekeepers, and most of the hospital linen is cared for by nurses, both students and graduates, from the time it leaves the laundry until it returns there. So it seems that laundry problems are also nursing problems and should be given consideration by the nursing department as well as by the administrative department.

In the smaller hospital there is often the question of the wisdom of buying laundry equipment or of sending the linen to a commercial laundry. Investigation of this problem by a committee of the American Hospital Association, recently, has shown that commercial laundries are usually not over-anxious to take hospital linen as the average individual does not care to send his linen to be washed with that from a hospital. Hospital linen must be treated somewhat differently from household linens, because of the different types of soil. If the commercial laundry is not prepared to give it special attention, stains either will not be removed or they will be treated so drastically that the life of the linen will be noticeably shortened. A greater supply of linen will be needed because of the delays in collection and

delivery. Studies in some of the larger hospitals indicate the saving from operating their own laundries to be from 30 per cent. to 60 per cent.

LOCATION AND EQUIPMENT OF LAUNDRY

A separate building is usually considered the best location for the hospital laundry. If this is not possible, at least it should be placed where odors, noise and jar of machinery will not annoy the patients. The distance to be covered in collecting and distributing should be thought of, as well as the relation between this department and any other which in a smaller institution may be in charge of the same supervisor.

Equipment varies from the washer, extractor and mangle, necessary in the smallest plant, to the more elaborate additional tumblers, driers, presses and curtain stretchers used by the large hospitals. The washer consists of a metal or wooden cage into which the soiled linen is placed, which revolves in an outer metal jacket. An inlet above provides hot and cold water and a large outlet below drains it. Soaking, washing and rinsing are all carried on without the attendant having to open the machine. The washer is set into a trough or drain in the floor which connects with an open drain. It is important that floors be made of tile, concrete or other material which is impervious to water. Washers must be located near the sorting room into which the clothes have been brought from the hospital and sorted according to kind, before washing.

¹ Read at the annual meeting of the Illinois State Association of Graduate Nurses, Campaign-Urbana, October, 1924.

After leaving the washer they are packed into the extractor, a circular basket, rapidly revolving in an outer drum. Water is driven from them by centrifugal force and drained off through a pipe below, leaving them damp enough for the mangle. The mangle consists of padded heated rollers which revolve about a central roller. It is especially for flat work.

In placing machinery, there must be considered light and ventilation, space sufficient for the passage of laundry carts, and the relation of one machine to another as it affects the routing of the clothes during the laundry process. Machinery can be so placed in one large room that each department may be seen and supervised from the laundry manager's desk.

WATER SOFTENERS, SOAPS AND BLEACHES

The chief cleansing agent is water. Water is said to be soft if it readily forms suds when mixed with soap. It is considered hard if it forms suds with difficulty. If there is not a water softening plant, other measures must be taken to soften the water. Hardness is of two kinds, temporary, due to salts readily precipitated by boiling; and permanent hardness due to other salts not affected by boiling, but which must be removed by adding soap or alkalies. Soap, when first mixed with hard water, does not form suds, but a curdled gray substance called lime soap which clings to the fabric, giving a dirty gray color and making the threads brittle. Hard water is wasteful of soap, because until enough (soap) has been added to overcome or neutralize the hardness, cleansing action does not begin. Permanent

hardness may be neutralized by alkalies, such as sodium carbonate (washing soda) or sodium hydroxide (lye). Sodium carbonate is less destructive to hands and fabric than is the hydroxide. Alkalies are less expensive than soap and are more economical as water softening agents but have no cleansing action of their own.

Soap is made by combining fats with lye or potash. The action of the soap suds is to unite with or emulsify the greasy material causing dirt particles to cling to the linen, and with the water to carry them away. Suds lessen the wear of the fabric by acting as an air cushion; and by introducing oxygen from the air, they act as a disinfectant and bleach. Mild alkalies used with soap have a reinforced action; increase its emulsifying power, and prevent it from breaking into its parts, fatty acid and alkali, which are useless. There is opportunity for saving if the waste grease from the kitchen is used for making soap. One four-hundred bed hospital reclaims about three hundred pounds of fat monthly which is rendered in the kitchen and made into soap in the laundry. One hundred pounds of fat will be saponified by twelve to fourteen pounds of alkali, but in this instance, seventeen pounds are used, the excess having been found the amount to soften the water. The soap is cooked into a solution with water before using, the cooker is adjacent to the washing machines and is fitted with a spigot so that the soap may be drawn off into buckets.

Javelle water, a powerful chlorine preparation, is used in the bleaching of badly stained linen. This is not done at each washing, but articles with stains

which do not disappear during the ordinary washing are allowed to accumulate and are bleached when a sufficient quantity is ready. The action of Javelle water, even in dilute solution, is very severe and weakens the fibre of the material.

CARE OF COTTON AND WOOLEN FABRICS

Care in buying of hospital linens will do much to solve and prevent later laundry problems. The materials which chiefly concern us are wool and cotton. Linen is seldom seen in the average hospital today because of its great cost. For all practical purposes cotton has proved an adequate substitute; it does not have the lustrous surface of linen, cotton napkins do not look quite as well, they do not resist stains as well nor keep fresh as long as linen, but cotton is very durable and the fibres being flexible, resist the great pressure of laundry machinery rather better than do those of the brittle linen. Neither cotton nor linen is much affected by the alkalis used in the laundry process.

Wool differs from both linen and cotton in being of animal rather than of vegetable origin. Wool will dissolve in strong alkalis which have little or no effect on cotton and linen. When examined microscopically, wool fibres are seen to be covered by tiny overlapping scales or serrations, which expand when wet. If the wet cloth is then subjected to extreme changes of temperature these serrations lock together, the cloth shrinks, becomes thicker and denser, and the process called felting has occurred. If, however, the wet fabric is kept at an even temperature, and that lukewarm, felting is less likely to take place. Blankets that are only from 60 per cent.

to 80 per cent. wool are said by some authorities to be more practical for institutional use, as they will withstand the rigors of the laundry process rather better than the all-wool variety.

Blankets must be washed in soft water with neutral soap and kept at an even temperature during the washing and drying. They dry best when shaken well to loosen the fibre, then hung in a warm room. One authority considers it an economy to have blankets dry-cleaned.²

HOW TO SELECT FABRICS

Various qualifications must be considered in the selection of fabrics. Round thread sheeting is stronger than the flat thread variety; this may be seen under a magnifying glass. The number of threads per square inch is also taken into consideration. Stains are not as completely absorbed by a very closely woven material and are therefore more easily removed. We have found however that patients complain that very closely woven sheets are heavy, stiff and uncomfortable and take on a gray color after repeated washing. For operating room use, the question of weight and color is unimportant and the more durable materials may be used there. In the finishing process many cotton materials are treated with a starch filler or sizing which covers up such defects as knots, broken threads, etc., and gives a better finish to the fabric, at first, than it would otherwise have. Some of this may be removed when examining materials by rubbing them in the hands, but a more satisfactory test is to run the sample sheet through the laundry several times.

²Dr. Winford Smith, Report of American Hospital Association, 1912.

The amount of shrinkage may also be determined in this way.

The weave of sheeting is always plain, under one, over one, but in table linens we find the damask weaves in which the pattern is made by carrying the weft thread over several warp threads. The kind of pattern will affect the wearing qualities of the material, for when the weft thread is carried over many threads, as over six and under one, it is exposed to greater wear.

Woolens may be tested chemically for the percentage of cotton by weighing a small sample, boiling in 5 per cent. sodium hydroxide solution, then weighing the residue which is cotton. In the hospital an effective test is to launder the sample blanket six to eight times.

In buying cotton sheets, the cost will be affected by the size of sheet required. We can save on laundry cost as well as original cost if the smaller size can be used. If sheets 72 by 99 inches can be used, instead of 81 by 108 inches, there will be a saving of many square inches of surface per sheet; roughly estimated the weight of five sheets, 81 by 108 inches, is as much as that of six sheets, 72 by 99, and will require as much soap and water for washing. When multiplied by 100 this will mean real saving.

ECONOMIES IN THE USE OF LINEN

In some hospitals there is a well planned central linen service and no extra linen is kept in any department. Printed lists are provided, one for each patient is filled in and is sent to the Linen Room immediately after 7 a. m., daily. The linen for each patient is wrapped in a clean laundry bag, tagged, and sent to the department by means of

the lift. The same amount of soiled linen must be returned to the Linen Room. All care of linen, sending to the laundry, sorting and storing clean linen is attended to in the Linen Room. With efficient service there, it is possible to take care of emergencies. Hospitals using this method find that they avoid the need for keeping large stocks of linen in the wards, complaints of the slowness of the laundry are eliminated, it is easy to keep a check on the linen, and extravagance is thereby prevented.

If there is no central Linen Room, the responsibility of the linen rests with the head nurse, she must see that it is issued, sent to be mended when necessary, and must guard against extravagance and loss. In spite of this, in many hospitals there is a preference for storing linen in each department rather than having the central service.

It must be borne in mind that textiles wear out in the laundry rather than in actual use. Reducing the number of times they must be laundered, by protecting them from soil, especially the grosser forms, will thus lengthen their lives. Pillow covers of dark heavy material to cover the white cases when pillows are used in wheel chairs; bed pads of crude cotton and gauze for drainage cases; old soft stained linen for "skin cases" instead of the newest white sheets; these and many other methods may be devised to help save linen. Most important it is to teach the students this.

REMOVAL OF STAINS

Stains of organic origin, as blood, pus, perspiration or serous discharges, and those from foods, as milk, eggs, meat juices, are albuminous and will be

coagulated and "set" by heat. For this reason all hospital linen is rinsed well in cold water before being put into the hot suds. Inorganic stains, as acids, alkalis, medicines, rust, ink, etc., must be treated differently as they will not be removed by the cold rinse alone. Acids are neutralized by the alkalis normally used in the laundry; oxalic acid is often used in the last rinsing to neutralize alkalis and bleach rust or ink stains. Stains of unknown origin may be referred to the hospital pharmacist. Students should be taught to protect bedding when using silver nitrate, mercurochrome, iodine and similar drugs in treatments.

Linen from infectious cases in a general hospital is usually sterilized by boiling before being sent to the laundry. Blankets, which would be ruined by boiling, are hung in the open air for from three to seven days depending on the amount of sunlight, and are then washed.

RECLAMATION OF GAUZE

The washing of soiled gauze is fortunately becoming more general, even in the smaller hospitals. In 1905, when the Massachusetts General Hospital began washing used dressings, there was a saving of more than \$3,000 over the cost for the previous year. No special machinery is needed. Some hospitals have the gauze collected in special net bags and wash it in the bags. It must be kept separate from the other linen, but

it need not be washed in nets. It is rinsed in from four to six changes of cold water, washed in water of 150 degrees, and soap, bleached, extracted and dried in a drying tumbler. It is then softer and more absorbent than when new. It must be stretched, folded, wrapped and sterilized. Pieces that are not of the right size and shape for use as dressings make excellent material for mops or they can be used as waste around machinery.

It has been said that good results can only be achieved by having a well planned laundry, competent supervisors, good machinery well cared for, reliable help receiving fair wages, under a carefully planned and followed system. With understanding, interest and cooperation, surely the nursing department can do much to help keep such a system running smoothly.

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PERSONNEL WORK IN HOSPITALS

The Report of the Committee on Personnel Work for Women Employees of Bellevue Hospital is most stimulating. Since the committee was organized in 1918 much, beginning with the equipment of a rest room, has been accomplished. Parties have been given to celebrate the various holidays, summer outings planned, a Thrift Club organized, a "Little Store" established on the hospital grounds, and best of all perhaps is the vacation cottage at the seaside, acquired in 1923.

THE PUBLIC HEALTH NURSE AS A HEALTH TEACHER¹

BY AMELIA GRANT, M.A., R.N.

IT is possible to teach everyone the few simple facts concerning personal hygiene, for they are simple, and enough about the cause and prevention of disease to insure intelligent seeking of medical advice.

The educating of parents has been particularly emphasized, placing the responsibility for health of the child in the home and upon the parents. The teaching of health in the home has been more definitely a function of the nurse than the class room teaching in the school.

All public health nurses are health teachers; every nurse should be. Nurses themselves have felt a need for broadening and supplementing their training so that they are better prepared to use the opportunities which they have for teaching. They realize that it is a definite responsibility which they should meet.

The survey of nursing education made possible by the Rockefeller Foundation has presented the opportunities of the nurse and the recommendations for her education very clearly. If a nurse goes into a home to make a child welfare visit and advises this and that food, which she knows the child should have, and fails to recognize the fact that the mother already knows that she should give the child green vegetables, milk, fruit, etc., and has provided them for the child, but that the real problem is one of child

training, how to develop right food habits, she has made an incomplete and unsatisfactory visit. She must know how to help the mother to influence the child to eat the food he should have. Child training is one phase of child care.

Dr. Wile calls regularity, obedience, industry, and consideration for others, the important health habits for children. Every one of these habits expresses the importance of child training. This training is begun before the child enters school. The habit of regularity is begun the first day of the baby's life, even during the prenatal period. Those who work with babies know that the baby who has this training, whose life is regulated by daily routine, is quite different from the baby who receives no training. His nervous and physical condition show the value of regularity. This is more readily noted in small babies than in older children, because they are more sensitive to environment but it is an important health habit for all ages. Other habits, as obedience, industry, and consideration for others, are worth considering in their relation to health. The Nursery School Movement aims at developing these habits in the very young child and accepts the responsibility for parent education as well as child education. It also provides an opportunity for the training of teachers, nurses and others who work with groups of young children, as well as for the children and their parents.

The Yale School of Nursing is fortunate indeed in being connected with the

¹Given at Health Education Conference, Cambridge, Massachusetts, June 23-28, 1924. Arranged by Health Education Division, American Child Health Association.

University with which Dr. Gesell is associated. He has promoted the development of a Nursery School in New Haven. The students in the School of Nursing are to have some practical experience in this school, in order that they may learn the needs of the normal child and how to help the mothers with whom they come in contact in the care and training of their children. We believe that no one can do really good

health work for children who does not know something about the normal child, who does not know how to interest the child and get him to do his part, who does not know how to teach the mother the needs of the child and get her interested to do her part, who does not know how to teach the mother to teach and study her own child. This is a big order, but important enough for thoughtful consideration.

FROM MUD TO CRYSTAL

BY PHOEBE M. KANDEL, B.S., R.N.

[This article is the result of many trips with classes of student nurses to the water works described. They are invariably impressed with the scientific study, the magnitude of the plant and with the financial expenditure necessary to insure a safe water supply. We take pure water and other sanitary precautions so much for granted nowadays, that our students cannot be too forcibly impressed with the importance of the fact that all health work rests upon a secure foundation of sanitation. —Editor's Note.]

IT is said, "the drinking water of Cincinnati is refined sewage." To understand the full significance of this saying, it will be of interest to know the source of the water, what local drainage flows into it and how it is purified for domestic use. The Ohio River is the source of supply. The heavy, mud-laden, amber-colored water begins its journey in Pittsburgh where the Ohio is formed at the junction of the Allegheny and Monongahela Rivers. All along the course of travel much refuse and sewage are emptied into the river. The river frontage in Cincinnati, with Millcreek Valley, has altogether a total area of about forty-four square miles, which receives the surface drainage and all of the sew-

age of the city. In 1906, the deaths in Cincinnati from typhoid fever totaled 239; by 1914, only 23 people fatally contracted this disease, of which number probably one-half were directly traceable to a source of infection without the city limits. Because of the high mortality rate, scientific pressure together with civic conscience formed a life saving crew whose duty it was to prevent the deaths of several hundred persons annually.

If you are at all interested in a product of man's ingenuity that has proven to be a life saver, then you will want to know how the water is purified and made fit for domestic use. In the days before Home Rule had been given to Ohio cities, the governor of the state granted a petition of the Cincinnatians, appointed five men on a water works commission, and authorized them to arrange for a new water supply. The start towards the present day water-works was made in 1896, but it was not until 1907 that the twelve million dollar

plant was ready for service for the city.

The site chosen is ten miles east of the city, on the Ohio and above the Little Miami River, and because of its landscape effect has been named the Cincinnati Water Works Park of California, Ohio. Then, too, this site was chosen for several other reasons. A deep rock river bed was necessary through which a tunnel could be made; the water in its ten-mile travel would have some of the bacteria oxidized by the air, and, lastly, a larger acreage of land was available at this place, with much natural beauty for developing an attractive park.

The machinery for purifying the water may be studied in four parts; first, the intake pier and tunnel; second, the pumping station; third, the settling reservoirs; and fourth, and most interesting, the filtration plant.*

The point at which the water starts its journey of purification is the intake tower or pier. The intake well is sixty-five feet below the river bed, on the Kentucky side, and the water is brought through a 1,430 double-lined tunnel that was excavated through rock, into the pit of the pumping station.

The pumping station is 85 feet deep and 98 feet in diameter, and there are four 30,000,000 gallon vertical, triple expansion pumping engines. Only two pumps are used at a time in the twenty-four hours, and are alternated in their use, thus allowing time for rest, inspection and cleaning. To watch the pumps at work impresses one with the fortitude of thought and imagination necessary on the part of the mechanical and electrical engineers who constructed them.

A boiler house and an annex building, connecting the former with the north

side of the engine house, are built of Bedford stone. The annex contains the generators for all the electric current necessary to supply the buildings, grounds and machinery directly connected with this part of the water works plant. A steel coal storage house is large enough to store 7,000 tons of coal which is delivered by river in barges. All coal must meet certain test requirements for energy value, and if this fails, the cost value is deducted accordingly.

The two settling reservoirs are located about a half mile north of the pumping station on the top of a wide hill. The reservoirs have a capacity of 20,000,000 gallons and serve alternately in removing by quiescent sedimentation, covering a period of from thirty-six to forty-eight hours, a large part of the material (mud) held in suspension by the river water, including about eighty per cent. of the bacteria. The water enters the reservoirs over a cascade and is taken out through two steel-riveted floating tubes, four feet in diameter. The accumulated sediment is washed out of the basins by large effective hose streams, which stir up and carry the mud to four drainage outlets at the bottom of the reservoir. The valves over these outlets are operated by hydraulic pressure.

FILTRATION

The filtration plant is the most essential and interesting feature of the plant. It is located between the pumping station and the settling reservoirs. The plant consists of a head house, a filter house, a chemical house, three coagulating basins, a wash water reservoir and a clear water reservoir.

The head house contains the apparatus for controlling the pressure and

flow of the water to it from the settling basins.

This raw or settled water is conveyed to a circulating chamber in the chemical house where the first chemical, a solution of sulphate of iron is injected. A solution of lime of necessary strength is admitted through a twenty-four inch opening into the valve chamber through which the water flows by its own pressure on its way from the circulating chambers to the first, and farthest, coagulating basin. The amount of chemical used per cubic centimeter is determined by the bacteriologist who plates both raw and filtered water every four hours for colon bacillus. The dissolved chemicals coagulate the mud and organic material, and by the time the water has made its eight hour circuit through the three coagulating basins, much of the coagulum because of its weight settles out, carrying down about 10 per cent. more of the bacteria. It is not intended to have complete sedimentation take place in the basins, as it is desirable and necessary to have the water, when it reaches the filters, still contain a small amount of coagulated material to form the gelatinous film on the surface of the sand in the filters to serve in retaining the remaining bacteria.

The water, leaving the coagulating basins, flows through influent mains, controlled by valves into the filters. The filters are fifty by twenty-eight feet, and number twenty-eight in all; each one having eight sections. The filter beds are ten feet deep and are made up of six grades of material. Naming them from the bottom up: first, a concrete flooring, next a heavy corrugated layer of perforated iron, then three

grades of stone ranging from egg size to fine gravel and over these eighteen inches of fine sand. This entire mass comes to within five inches of the top of the troughs or gutters which divide the beds. It is through this that the water is filtered before it is carried out to the clear water basin. The rate of filtration is maintained by a rate controller at the outlet end of the effluent piping of each filter. The water passes through the filters at the rate of one hundred and twenty-five million gallons per acre, per day. Only a sufficient number of filters are used to meet the average daily needs. Each filter has a 4,000,000 gallon capacity in twenty-four hours. Each, when in use, is washed every six to twenty hours, depending upon the condition of the water, which is determined by a delicately constructed, automatic electrical indicator.

When a filter must be cleaned, the accumulated deposit is removed by washing. Fifty thousand gallons of water are required to wash each bed, which process takes four minutes and costs eleven cents.

A chart attached to a dial records in red ink with an automatic hand, the whole conduct and treatment of the filters in twenty-four hours. The chart is then renewed, and the recorded story passes through the hands of the superintendent and bacteriologist of the plant, thence to the head of the city office and health department at the City Hall.

When the water leaves the filter bed it is 99 per cent. pure. It then flows over a falls and is aerated, and a very small amount of chlorine gas is released at the foot of the falls, which renders the water 100 per cent. pure. From here the water goes to the clear water

reservoir and flows through a brick lined gravity tunnel, drilled through solid rock for four miles and a half, to the main pumping station, located at the east end of the city. Two systems of pressure are supplied to distribute the water. One hundred and ninety-five to two hundred and ten pounds high pressure supplies the hill tops, and seventy-five to eighty pounds low pressure supplies the lower part of the city. From the local reservoirs, and Eden Park which contains a large storage supply for emer-

gency needs, the water in its purified state is distributed to homes and hospitals, stores and industries, as clear as crystal, as pure as the country air and as soft as rain water.

Having gone through this process of purification, the water is shown by constant bacteriological and chemical analysis to be a fit drinking water and it is in this form that what was formerly mud and bacteria-laden Ohio River water passes on to the service of four hundred thousand people.

A SURVEY OF PUBLIC HEALTH NURSING IN THE STATE DEPARTMENTS OF HEALTH

This survey, made by Lucy Minnigerode, Superintendent of Nurses, U. S. Public Health Service, and published in the Report of the Service for December 12, 1924, contains much interesting and illuminating data. Information was obtained from 44 states and is tabulated under the headings, Organization, Salary Schedule, and Summary of Duties of Nurses.

Eighteen states are shown to have separate divisions or bureaus of public health nursing; 8 with bureau of child hygiene and public health nursing, 10 with child hygiene bureau, 12 have no bureau of nursing.

Salaries vary widely, the directors receiving anywhere from \$1,800 to \$4,000 per year.

Under duties of nurses, we find in varying degrees, bedside nursing, tuberculosis, taking of cultures for diagnosis

and release, preliminary investigations, gathering of epidemiological data, vaccination against smallpox, and assistance at clinics. Some of the special duties included are:

1. Child health conferences and demonstrations.
2. Organization of volunteer services.
3. Classes for midwives and mothers, with pre-natal instruction.
4. School nursing, physical examination of school children, inspections.
5. Health educational work and health talks.
6. Follow-up of clinic and school cases.
7. Maternal and infant hygiene, under the Sheppard-Towner Act.

In all states graduation and registration are requirements. A small number do not require either special training or experience in a well-supervised public health nursing association.

HELSINKI, HELSINGFORS

HOSTESS TO THE INTERNATIONAL CONVENTION OF NURSES, 1925

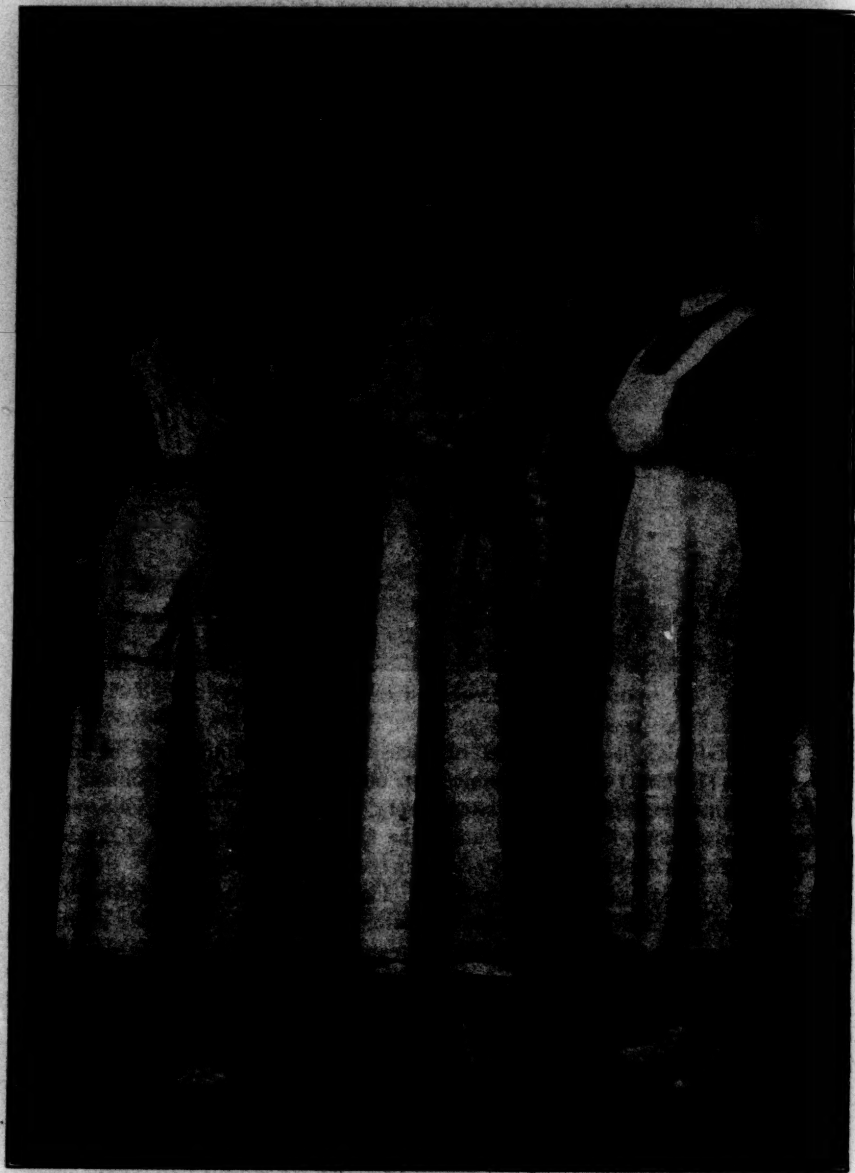


OLOFSHOLM—AN ANCIENT CASTLE OF FINLAND

HELSINGFORS is the capital of Suomi (Finland) the new republic of the North, geographically situated between Sweden and Russia. As you near Helsingfors, a skyline of towers and spires is silhouetted against the usually clear northern sky, splendid in the glow of the setting sun or mystically beautiful in the magic white of the northern summer night. The harbor is known for its deep water, therefore no ugly docks are needed, and the steamer lands you right on the street of the city. The Baltic steamer takes you in front of a public park "the Observatory Hill", named after the University astronomical observatory, which is located on the sharply rising hill. From there an ex-

tensive view is obtained of the harbor, its old fortifications, Suomenlinna, Sveaborg, of the pretty yacht club, and of the fashionable restaurant, Klippan, on its rocks.

The broad plaza at the harbor is the public market place; there smaller steamers and the fishermen, tie up at the quay to sell fish and products of their farms and the country folk, in two-wheeled carts, line up in rows. The peasant women, rosy cheeked and rotund, present a gay picture in their bright gingham, with their small kerchiefs tied on the head and under the chin. The animated life on the market place continues from early morning until noontime, when the city street-cleaning



FIRST-, SECOND-, AND THIRD-YEAR STUDENTS AT "MARIA SJUKHUSET," HELSINGFORS

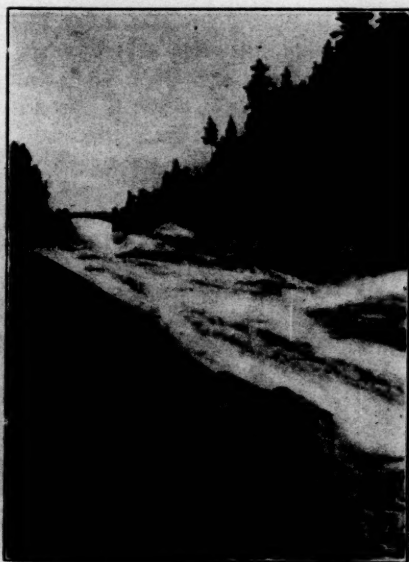
—Photograph Made for the Journal.

department in no time makes the big plaza spick-and-span for the day.

At the northeast end of the market place, is the residence of the President of the Republic, formerly it was one of the palaces of the Czar of Russia, who was also the Grand Duke of Finland. Only a few times was the palace used by the "Emperor of All Russia." On the adjoining hill is the Greek Orthodox Cathedral, built in typical Russian architecture. Architecturally interesting in Helsingfors is the Senate Square. Towering high on the north side of the square, is the Lutheran Church of St. Nicholas. To the east is the Senate House, to the west the main building of the University of Helsingfors, both built in plain classic style.

Finland has, however, developed an architecture of its own, a northern type, severe in line and structure, a self-expression of a plain and proud people. Fine examples of this architecture are the National Museum and the new Railway Station, built by architect Saarinen, the leader of Finnish architecture.

To nurses, the hospital buildings will be of interest. The University hospitals are the oldest and the first in Finland to offer training for nurses. Three of the oldest are located a few blocks from the main building of the University. In spite of the disadvantages of an old architecture, the nursing and teaching of nursing in these hospitals is modern. Many love the signs of olden times; for instance, the hollows worn in the stairs arouse a sense of appreciation for past generations, bring forth a picture of busy feet, hurrying to administer aid at a time when elevators were unknown comfort. The more up-to-date surgical hospital (near the



TMATRA WATERFALLS, HAVING THE LARGEST VOLUME OF ANY FALL IN EUROPE

Observatory Hill) reveals a picture of long corridors separating the main wards, a remembrance of the time of the theory that wound infection was transmitted by the air!

More modern in architecture are the City hospitals. The Maria Hospital, located near the exceptionally beautiful cemetery of the city, maintains an excellent training school. North from the city is the hospital for contagious diseases, architecturally attractive with its groups of nice pavilions, shining white with red brick roofings amidst a natural park of slender pine trees.

For those interested in schools, the public as well as the higher schools in Helsingfors are well worth visiting.

Characteristic of the street life of Helsingfors are the cabs resembling Russian "droshkies." You must take a ride in these! Although there ordinarily is



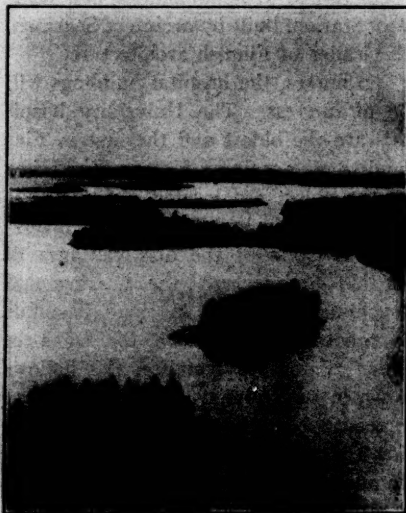
CHURCH BOATS IN FINLAND

no lack of taxicabs, these cabs are favorites, maybe because of the cheap and comfortable ride you get. An important event in the street life is the daily "Guard Parade," that is the change of guards at the residence of the President and the Main Guard Station. Every day at 12 o'clock a company of soldiers on guard with their band, march from their garrison along the Esplanade to their stations. There does not seem to be an age difference when military music and tramp of soldiers are heard! So the Guard Parade is a favorite event to all in the quiet life of the city.

In case there happens to be an exposition of Finnish painters, visitors should not miss this opportunity for art appreciation. Neither should they fail to hear Finnish music, such as the Philharmonic Orchestra of Helsingfors, the Student Singers of the University, or, if especially fortunate, the most famous of Finnish singers, the fascinating Hanna

Grahnfeldt, a favorite of European opera.

A visit to Finland will only be of half value unless you find time to visit the



IN THE "LAND OF A THOUSAND LAKES"

interior of Finland, "the Land of a Thousand Lakes," as many rivers and tens and thousands of islands, a lake land with broad waters, narrow channels, lovely islands with fragrant birches and pine trees, stretches of shores with endless, silent forests.

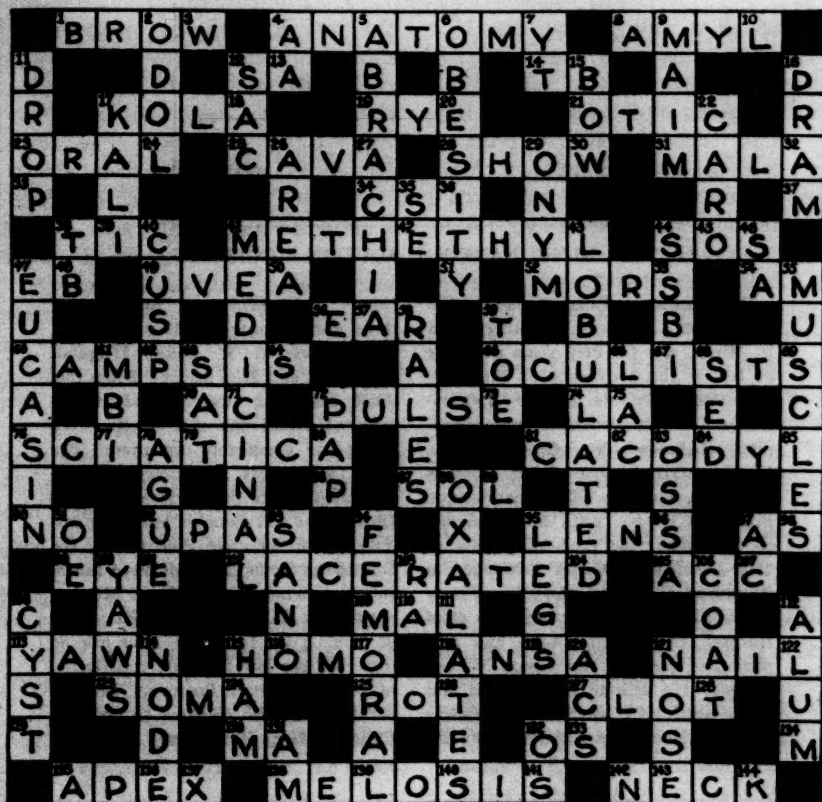
For the tourist who has time to venture up to the northern part of Finland

—it takes three to four days—the shooting of rapids offers the enjoyment of one of the finest river trips in the world. Expert, licensed pilots steer the long river boats along foaming waves of boiling turbulent water, swiftly, swiftly, in the grip of a rushing current, the spray from the cascade high about you,—an experience unrivalled.

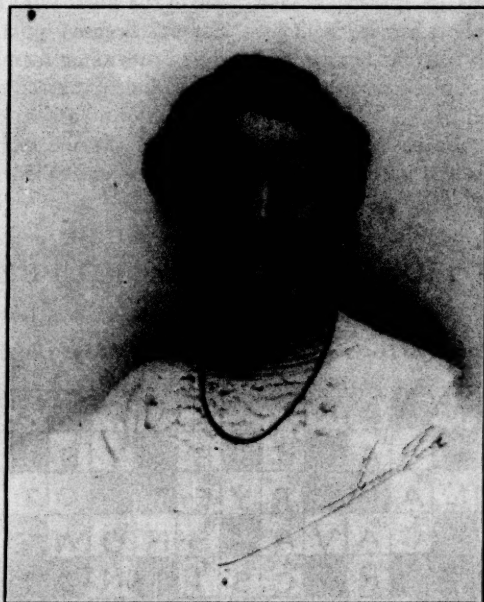
SOLUTION TO CROSS WORD PUZZLE

By ALICE M. OLSON, R.N.

Below is the solution to the cross word puzzle published in the January Journal.



WHO'S WHO IN THE NURSING WORLD



XLIII. NANNIE J AQUELIN MINOR

BIRTHPLACE: Charlottesville, Va.
PARENTAGE: American. (Father, John B. Minor, was for fifty years professor of law at the University of Virginia).
EDUCATION: Private school. **PROFESSIONAL EDUCATION:** Old Dominion Hospital, Richmond, Va., Class of 1900.
POSTGRADUATE WORK: Johns Hopkins Hospital; Thomas Wilson Sanitarium.
POSITIONS HELD: With Miss Cabanis as the leader, the graduating class of 1900 founded the Nurses' Settlement in Richmond and began work in off-duty hours. District nursing was the chief feature, but clubs for boys and girls were also popular and Home Nursing Classes. No definite financial aid was given until 1902 when the Instructive Visiting Nurses' Association, of the

Nurses' Settlement was formed and three nurses engaged: Miss Cabanis, Miss Harvie of St. Luke's Hospital, Richmond, and Miss Minor. From this small beginning many good things grew. Care of the sick at the City Home was completely organized. The first Tuberculosis Dispensary was inaugurated before there was any Health Department and valuable assistance was rendered in founding Pine Camp, the Sanitarium for indigent advanced tuberculosis patients. **OFFICE HELD:** Member of the first Board of Nurse Examiners of Virginia for ten years, after helping to secure the law for state registration of nurses. **PRESENT POSITION:** Director of Public Health Nursing, Bureau of Child Welfare, State Board of Health.

EDITORIALS

Jul 17 29

PROGRESS IN PLANS FOR GRADING NURSING SCHOOLS

WE have been hearing a good deal in recent years about the grading of high schools, colleges, professional schools, hospitals and many other types of institutions. The movement has spread rapidly and has produced on the whole, excellent results. Essentially it is an educational movement, giving people a better idea of what these institutions should be and helping the institutions themselves to measure up to better standards.

Everybody knows the chaotic conditions which were found in medical schools before the grading system was established some years ago and the remarkable improvements that followed. Equally good results have been brought about in many other professional schools where the widest variation in standards existed before.

Nursing schools are probably more diverse and individual in their standards than are any other type of professional schools. Many efforts have been made and with some success to bring about better standards, but the movement has been slow. It is agreed by practically all experts in professional education, that some plan of grading or classification, on a national basis, offers the greatest promise of general improvement in a situation such as ours. It would clarify the whole issue, arouse public interest and secure needed support for struggling schools.

It is over ten years since Miss Nutting first presented to the National League of Nursing Education, the urgent need for some kind of a national plan

for classifying or grading nursing schools. The Carnegie Foundation was asked at that time to undertake the work but it could not see its way clear to do it. Some time later, a sub-committee of the Education Committee, with Carolyn E. Gray as chairman, worked on a plan and gathered together a good deal of material on the subject. Then came the appointment of the Committee for the Study of Nursing Education, and the matter of grading was postponed until after the publication of Miss Goldmark's report.

A good deal of quiet work has been done since that time in an effort to secure the backing of influential organizations and individuals, and the necessary funds to carry the plan through. Since this whole question is one which affects not only nurses but hospitals and to some extent the medical profession as well, it was felt that the Committee should have the support and coöperation of the national organizations representing these groups. The plan of the National League of Nursing Education was therefore submitted to the following associations and received their endorsement: The American Nurses' Association, The National Organization for Public Health Nursing, The American Hospital Association, The American College of Surgeons and the American Red Cross.

The American Medical Association, which had been considering a somewhat similar plan, agreed to appoint a special committee, composed of Doctor Dar-rach, Dr. Winford Smith and Dr. Thomas McCrae, to coöperate with the committee from the National League of Nursing Education, which includes Miss

Burgess, Miss Strong, Miss McMillan and Miss Stewart. These committees have met and have been working together in the effort to secure the necessary funds.

On the basis of present estimates, the work will cover about three years and will cost approximately \$115,000.00. It was hoped that the Carnegie Foundation might be able to finance the plan and so make the same contribution to the classification of nursing schools that it had to so many other branches of professional education. Previous commitments make this impossible at the present time. It has therefore been necessary to ask for contributions from other foundations and from associations and individuals.

At the recent meeting of the executive boards of the three national nursing associations in New York, it was decided that this is one of the most important issues before the whole profession at the present time and that an appeal should be made to state and alumnae associations and also to individual nurses, to help in raising the funds needed. A substantial sum was appropriated by the organizations to help in making up the budget for the first year's work.

Our good friend, Mrs. Chester Bolton, of Cleveland, who was present at the meeting, immediately volunteered to underwrite the expenditures for the first year up to the sum of \$15,000.00. This means that the long cherished prospect is really in sight though it will take some effort still to make it assured.

In order that there may be no misunderstandings, it may be well to explain that no nursing school will be graded except at its own request. It will be

entirely a voluntary matter. The committee which sets the standards for grading will be composed of representatives of the previously mentioned national associations. Certain essentials of a good Nursing School will be agreed upon and schools will be visited and grouped accordingly. No effort will be made to discredit any school and indeed every effort will be made to help schools in every possible way.

Experience in other fields shows just about what we may expect from such an undertaking. There is no reason to believe that the response in nursing schools will be any different from that in medical schools and hospitals. People will have more interest in finding out what a nursing school really should be and more effort will be made to reach the standard approved by the country at large. Community pride will be roused and probably more financial support will be forthcoming for local schools. The good school will receive the reward of its efforts in wider recognition and support and the poor school will be helped to see its defects and to remedy them.

To the 20,000 or more young women who enter nursing schools every year, such a classified list would be an invaluable safeguard against exploitation and misinformation. Vocational advisers in high schools and colleges would no longer have to depend on the most casual sources of information in directing interested students to nursing schools. Even nurses and physicians are now often at a loss in advising about the standing of nursing schools in any but their own immediate locality.

There are many other advantages to be expected from a good grading system, but space will not allow further

discussion here. The following issues of the *Journal* will give fuller information and answer inquiries about the plan. The support and active help of all groups of nurses will be needed, to make the plan a success.

I. M. S.

PREFERENCES AND FAIR PLAY

"IS there any partiality to be shown or are nurses to be called in the order in which they reported to the registrar?" The question is so frequently raised that it seems worthy of consideration yet again.

Partiality should not be confused with just and careful discrimination. Certainly partiality should not be shown if by partiality is meant that preference is sometimes given to particular nurses merely because they happen to be friends of the registrar. We do not believe this is a common abuse of the responsibilities of the registrars of official registries. "Should nurses be called in the order in which they reported?" cannot be answered by an unequivocal "Yes." Other things being equal, of course they should be so called. But so very often other things are not equal! Every nurse is entitled to the personal calls that come for her. There is no finer incentive to good work than that, and no finer reward for service than the opportunity for more service.

Most of our official registries also have a rule to the effect that if a nurse from a particular school is requested such a nurse shall be supplied, if available, regardless of her place on the list. Then, too, there is that difficult question calling for the utmost discrimination on the part of the registrar, that of particular qualifications for particular cases.

This is a question which may not be ignored if the patrons of the registry, physicians and patients, are to be satisfied. Such stipulations may run the whole gamut of temperamental, personal and professional attributes and efforts to place the nurse next on call, without due regard for the requirements of the case, may result in a disservice to patient and nurse alike. For example, every registrar could cite innumerable instances where mature women were required and an equal number where youth, rather than life experience, was the stipulated factor.

We know, too, that an occasional woman who has won her way through a school of nursing, where she was safeguarded on all sides, fails "to make good" in private duty. We know of the efforts of registrars to place such nurses until the time comes for a report to the committee which must decide whether it is any longer fair to either the nurse or the registry to continue such efforts.

Life would be a simple thing for registrars if their whole duty consisted of merely calling the nurse at the top of the list. Their work is vastly more complex than that, for the preferences and prejudices of both physicians and patients, as to schools and individuals, must be given due consideration. Nothing is gained by satisfying the demand of a nurse for a case if she is really foredoomed to failure. The really wise nurse, having waited a reasonable time for a call and suspecting that other nurses are kept busy, makes a dignified, not an acrimonious investigation. She consults the registrar. The conditions may be due to seasonal fluctuations which cannot be controlled. It may have happened that an unusual proportion

of calls have come for individual nurses or schools. If, however, an accumulation of evidence has made the registrar hesitate about sending the nurse out, the matter becomes one for committee action. The difficulties should lead to frank discussion, analysis and action on the part of the nurse. At a time when nurses generally are in demand, long continued failure to secure cases would seem to indicate that the nurse has made an unwise choice of specialty if not of vocation.

The perfect registry would be one with an able, broad-minded, unbiased registrar with infallible judgment and with a list of nurses always available, each of whom possessed all the virtues. The millenium hasn't arrived yet, and human nature is much as it has always been, but the success of some of our registries offers bright hope for better understanding between registrars and nurses and between both and that public for which they exist. Certainly all the groups concerned are more and more striving to put the principles of fair play into effect.

FAITHFUL TO THEIR CALLING

Nurses proved faithful to their calling when, as the fire swept up stairways, burst forth from windows and burned upward between partitions imperiling their lives, they remained on duty in their efforts to rescue the sick and crippled patients in their charge. When firemen ordered them to safety, they refused to go until their charges were no longer in danger, although several of them were in as great need of treatment as their patients.

Such is a statement found in newspaper report of a recent fire in a private hospital in Boston, due unfortunately to the inflammable character of a Christmas tree. This is exactly what

the public expects of nurses. Better yet! it is exactly what nurses expect of each other, even when we wonder in the secret places of our hearts if we are living up to such standards ourselves. The fact that it is exactly what is expected does not blind us to the splendor of the deeds nor to the fact that a conservative paper which has sometimes been accused of being none too friendly to nurses captioned the article, "Heroic Deeds by Nurses." It is the business of the daily paper to publish news. This is news because of its magnitude,—a life was lost and several persons were injured. It is not news that nurses everywhere are constantly proving "faithful to their calling," it is just good nursing.

A SUCCESSFUL SALE

THE sale of calendars was highly successful! By January first, more than ten thousand had been disposed of by the National League of Nursing Education. A sufficient supply is still on hand at National Headquarters to fill belated orders for it is expected that a considerable number will yet be received from distant nurses, from instructors in the history of nursing, and from schools of nursing which wish them for reference material.

Like all successful sales this one was due to several factors. The project is in every way a worthy one. The product is attractive, it fills a felt need, it was given suitable publicity, and it was put out by an organization which was really prepared to handle orders as they came. The calendar had still another asset—and a very great one, the coöperative spirit of local organizations and local workers who really "put their

backs" into making the sale a success. What nurses collectively have the will to do they can do, as we have said many times. They have again proven it, for "Out of the Shadows into the Light" may now be found in all but three of the states and in at least five foreign

countries. Just a little more effort and the entire issue will be exhausted, the almost empty League treasury replenished (although far from filled to overflowing!) and *Finis* may be written at the end of another page of recorded achievement.

OUR CONTRIBUTORS

The initial article in this number of *The Journal*, "The Trained Nurse—An Appraisal and Tribute," is published anonymously by request of the author and for reasons which will, we think, be perfectly obvious. Nurses and doctors are reputed to be difficult patients. If this be true, the greater the credit due the private duty nurses who so ably justified the faith in nurses built up in the mind of the author through long years of teaching and observation.

Nellie M. Crissy, R.N., President of the First District of the Illinois State Association of Graduate Nurses, is now Director of the School of the Chicago Memorial Hospital of which she is a graduate. Miss Crissy is a woman of wide experience and much of the present success of the association is due to her gift of enthusiastic leadership.

Dr. J. A. Johnston is a graduate of Yale College and of Yale Medical School. He interned in pediatrics in the New Haven Hospital; he has been assistant resident physician at the Children's Hospital in Boston and he is now assistant in pediatrics at the Harvard Medical School.

Florence E. Taylor, R.N., is a graduate of the Maine General Hospital School of Nursing and has taken college courses in psychology and various cultural subjects. As Miss Taylor has had experience in private duty, public health nursing, special work with children, and in war work, she has had varied opportunities for the study of the personality problems she discusses.

Irma Cleary, R.N., is in charge of a department at the Children's Mercy Hospital, Kansas City, Mo., where the work she describes is being done.

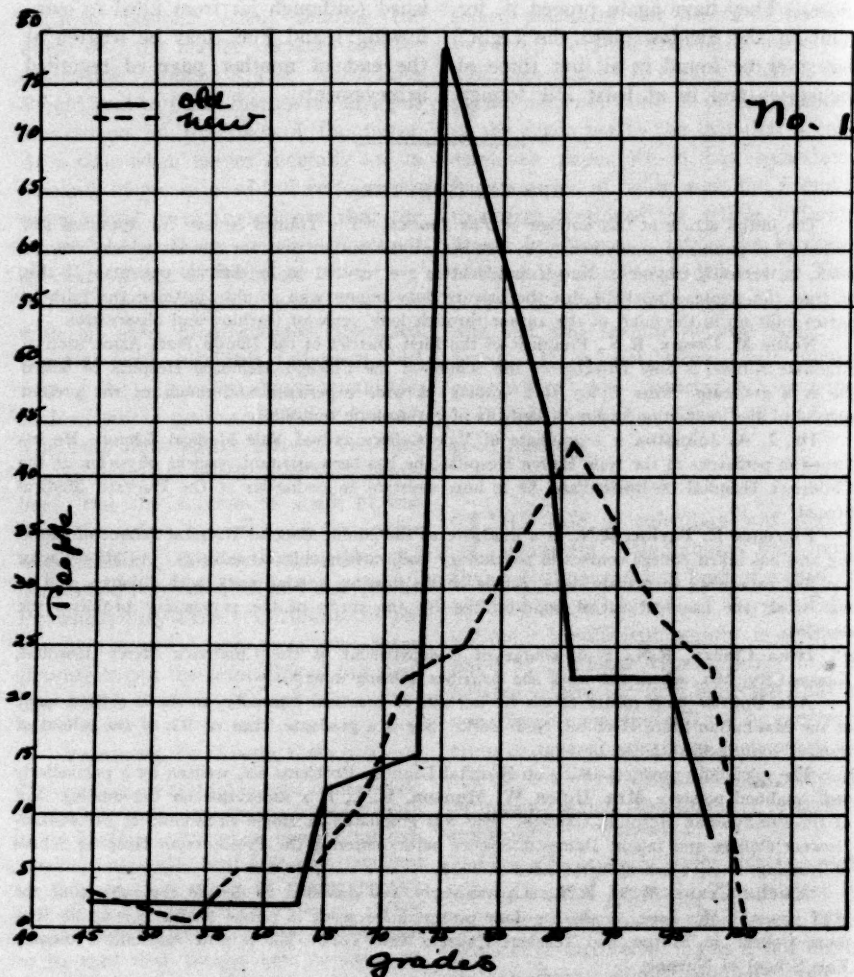
Ada Bourne finds plenty of use for her gift of practical ingenuity, as she is a head nurse at the Manhattan State Hospital, New York. She is a graduate, class of '23, of the school of nursing connected with the hospital.

The splendidly practical article on Hospital Laundry Problems was written by a particularly well qualified person. **Mrs. Helen W. Munson, R.N.**, is a supervisor on the nursing staff of the Presbyterian Hospital, Chicago. She was graduated in Home Economics at Milwaukee-Downer College and taught Domestic Science before entering the Presbyterian Hospital School of Nursing, from which she graduated in 1922.

Amelia Grant, M.A., R.N., is particularly well qualified to discuss the subject of the brief paper in this issue, as she has done postgraduate work in public health nursing at Simmons College, in Boston, and Teachers College, New York. She is now Assistant Professor, Yale School of Nursing.

Phoebe M. Kandel, B.S., R.N., has had some years of fruitful teaching experience. She has long since demonstrated the worth of such field trips as that described in "From Mud to Crystal." Miss Kandel is a graduate of Lakeside Hospital School of Nursing and of Teachers College. She is now Acting Director of the School of Nursing and Health of the University of Cincinnati.

The editorial on the plan for grading nursing schools is written by **Isabel M. Stewart**, of Teachers College, New York, chairman of the Committee for the Study of Nursing Education of the National League of Nursing Education.



Different Candidates Compared on Same Subject, Anatomy and Physiology, 1923 examinations. 213 Candidates—Grades Old Method; 190 Candidates—Grades New Method.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

NEW METHODS OF EXAMINATION

BY MARY BROOKS EYRE, M.A., R.N.

(Continued from page 43, January Journal)

ANY test form may be supplemented by questions in the old essay form, if desired.

The accompanying graphs show the grades with their distribution, as compared with the grades made by the unselected group of the two preceding examinations in anatomy and physiology and in materia medica and medical nursing, as given under the old system. Here (See graph 1) the subjects are the same, taken by two different but comparable groups, of 213 individuals under the old method, and 190 under the new.

Notice the tendency of the old form to bunch just at the passing grade (75 per cent). The new form shows a better distribution. It means (1) that the questions were not so generally selected, and (2) that in grading the papers, there was a marked tendency to shove up to the passing line those who fell a little way below. This is an unconscious bit of behavior on the part of every one who grades papers, where the subjective element comes in. No one wishes to give a grade of only one or two per cent. below the passing grade. One argues: "If she can come that near it, she should be allowed to pass!" That factor of personal opinion which is lacking in the new method, is what makes the old forms less fair. The new forms are objective, not subjective.

Graph 2 indicates the distribution of

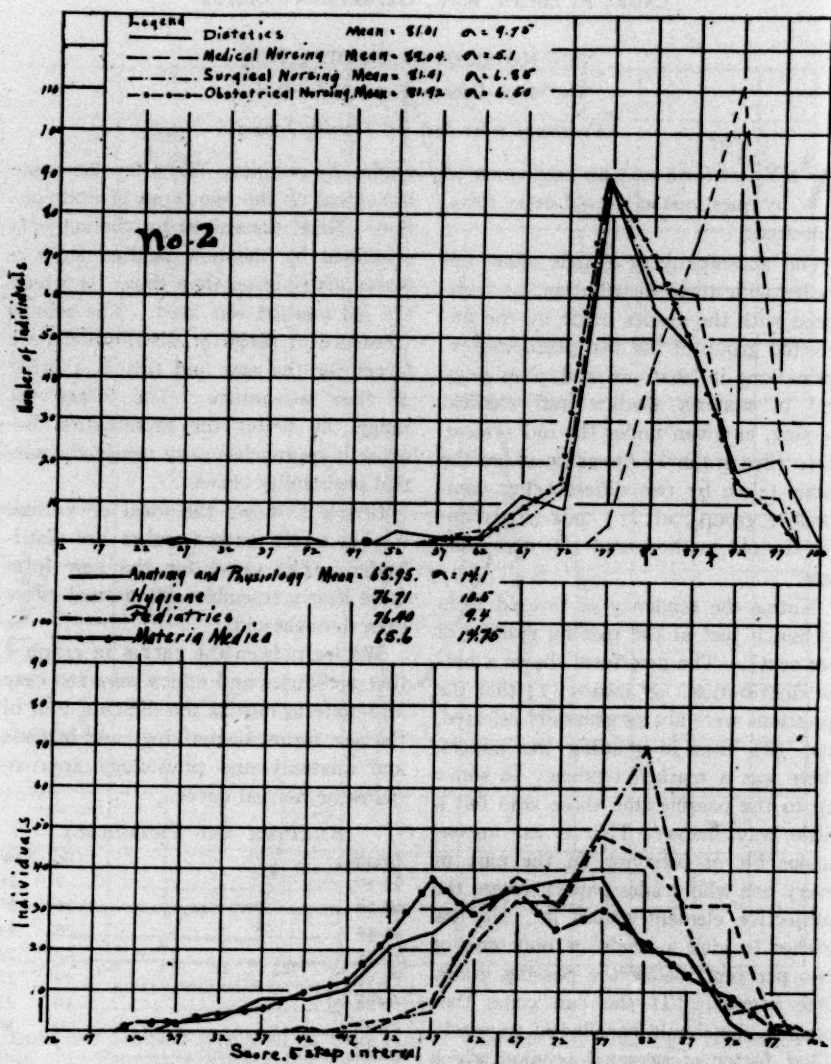
grades by subjects, taken by the same individual on the two types of examination. Here, the curves for the subjects examined by the new method show a better distribution than those for which the old method was used. The sigmas (measure of range or distribution) are larger for the new and this is a proof of their advantage. The larger the range the better the examination because it approaches more nearly the normal probability curve.

Graph 3 shows the ideal or normal way in which nature makes her distribution. The curve for the new form more nearly resembles the normal curve than does the old.

We learn from the curves in graph 2 that pediatrics and ethics were too easy and materia medica too difficult, but, of the new forms, bacteriology and hygiene and anatomy and physiology approximate the normal curve.

ANATOMY AND PHYSIOLOGY

Grades	Old New	
95-100	9	21
90-94	26	24
85-89	26	44
80-84	43	29
75-79	79	23
70-74	16	22
65-69	10	10
60-64	1	7
55-59	1	7
50-54	1	1
45-49	1	2
Total	213	190



Distribution of Grades on Two Types of Examinations for Nurses

"Essay Type" Above.

Objective Type Below.

259 Individuals.

MATERIA MEDICA AND MEDICAL

NURSING		Old	New
Grades			
95-100	-----	44	27
90-94	-----	70	54
85-89	-----	55	48
80-84	-----	19	26
75-79	-----	15	16
70-74	-----	8	6
65-69	-----	0	6
60-64	-----	0	0
55-59	-----	0	1
50-54	-----	0	0
45-49	-----	1	1
40-44	-----	1	0
Total	-----	213	185

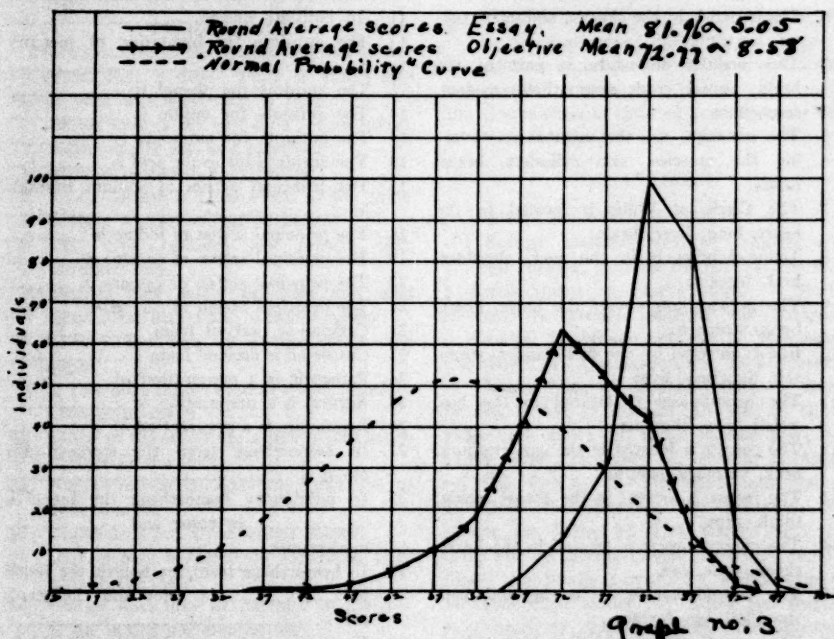
OLD AND NEW METHODS COMPARED
WITH DIFFERENT CANDIDATES, SHOW-
ING GRADES BY GROUPING

For the benefit of those who are statistically minded, the following facts

are appended: Reliability co-efficients were obtained by Brown's Formula after each test had been divided into halves, odds against evens, and correlated by Pearson's Product Moment Formula. The reliability co-efficient (i.e., agreement of a test with itself) for anatomy-physiology is .608. The reliability co-efficient for materia medica-medical nursing is .717. (June, 1923, examination).

In summarizing, we may add that the new form of examination:

1. Saves the student's time.
2. Saves undue fatigue.
3. Gives a wider range, thus allowing better opportunity for the student to show her knowledge, and penalizing her less for failure in any one question.
4. Minimizes misinterpretation of questions by the student.



Same Candidates: Grades Compared on Different Subjects. Curves of Distribution of 259 Individuals Taking 4 Tests of Essay Type and 5 Tests of Objective Type.

5. May be graded by use of a key, eliminating the factor of personal opinion in grading.
6. Is a more accurate index of the student's knowledge as it requires definite answers. The student cannot cover up ignorance by much writing.
7. Is shown from the foregoing considerations to be fairer to the student.
8. Furthers teaching efficiency.

EXAMINATION IN ANATOMY AND PHYSIOLOGY

DIRECTIONS: Draw a line under the word that makes the sentence right.

EXAMPLE: The radius is a bone of the chest, back, head, *forearm*.

1. The aorta is a vein, muscle, nerve, artery.
2. Red bone marrow is found in lymphatics, medullary canal, cancellous tissue, epithelial tissue.
3. Gastric juice digests fats, sugars, starches, proteins.
4. The spleen is in the thorax, abdomen, pelvis, cranium.
5. The medulla oblongata is part of the brain, spinal cord, sympathetic system, cerebellum.
6. The meninges are the membranes covering the muscles, axis cylinders, brain, joints.
7. The Circle of Willis is located in the heart, lung, liver, brain.
8. Tendo-Achilles is in the neck, shoulder, heel, forearm.
9. The pericardium covers the lungs, heart, bone, stomach.
10. Bile is secreted by the gall-bladder, stomach, pancreas, liver.
11. The acetabulum is located in the hip, wrist, knee, shoulder.
12. The coccyx is located in the ear, cranium, neck, vertebral column.
13. The femur is located in the throat, ankle, thigh, arm.
14. The ciliary muscle is located in the heart, cheek, nose, eye.
15. The deltoid muscle is in the abdomen, shoulder, leg, forearm.
16. The renal artery supplies the spleen, stomach, liver, kidneys.
17. The coronary artery supplies the head, heart, face, diaphragm.
18. The optic nerve supplies the ear, eye, teeth, nose.
19. The sciatic nerve supplies the hand, back, thigh, solar plexus.
20. The plasma is a constituent of red cells, bony tissue, thyroid gland, blood.

EXAMINATION IN MATERIA MEDICA AND MEDICAL NURSING

DIRECTION: Fill in the blank space correctly. In most cases one word will be sufficient. Where necessary, use more than one.

1. Atropine is an alkaloid of _____
2. Its action on respiration is _____
3. Its action on secretions is _____
4. Its action on the pupils is _____
5. The average dose is _____
6. Morphine is an alkaloid of _____
7. Its action on respiration is _____
8. Its action on peristalsis is _____
9. Its action on the pupils is _____
10. The average dose is _____
11. An antidote means _____
12. The antidote for bichloride of mercury is _____
13. The antidote for phenol is _____
14. The antidote for opium is _____
15. The antidote for ammonia is _____
16. The antidote for oxalic acid is _____
17. The principal action of sodium bromide is _____
18. The principal action of iodine is _____
19. The principal action of cocaine is _____
20. The principal action of cascara is _____
21. The principal action of calomel is _____
22. Caffeine is derived from _____
23. Castor oil is derived from _____
24. Paregoric is a preparation of _____
25. Argyrol is a preparation of _____
26. Laudanum is a preparation of _____
27. In hemorrhage from the stomach the blood is _____
28. In pulmonary hemorrhage the blood is _____ in color and _____ in character.
29. In hemorrhage from the bowels the blood is _____ in color and the stools are _____
30. Five important particulars that should be recorded on the patient's chart concerning

a chill are -----

31. In nursing care of pneumonia, the points to be emphasized are; with regard to ventilation -----; with regard to diet -----; with regard to elimination -----; with regard to exertion -----; with regard to disposal of sputum -----
32. Four characteristic symptoms of internal hemorrhage are -----

After each word write its definition.

33. Endocarditis -----
34. Cyanotic -----
35. Dyspnea -----
36. Diaphoresis -----
37. Ascites -----
38. Lavage -----
39. Gavage -----
40. Erythema -----
41. Coma -----
42. Thrombus -----

PEDIATRICS

INSTRUCTIONS: Place a plus sign before each statement that is true. Place a minus sign before each statement that is false.

1. Breast milk is the best food for an infant.
2. Barley water acts as a laxative.
3. Milk is pasteurized by boiling.
4. Pott's disease is tuberculosis of the spine.
5. Rubber nipples should be boiled.
6. Top milk contains less protein than skimmed milk.
7. Diapers may safely be dried and used again after urination, to save washing.
8. Milk is modified by adding casein and sugar.
9. A new born infant need not void urine for forty-eight hours.
10. Curds in the stools are a sign of too much protein in the milk.
11. Night cries in children are suggestive of bone disease.
12. Impetigo is not a contagious disease.
13. Rickets may be cured by increasing vitamins in the diet.
14. Orange juice may be included in the diet of an infant six months old.
15. Lime water added to milk increases its tendency to form curds.

16. Scurvy is due to lack of lime in the food.
17. Scarletina is not true scarlet fever and is not contagious.
18. The early stages of pertussis resemble a common cold.
19. Blebs on soles and palms of the newborn indicate syphilis or impetigo.
20. Gonorrheal infection of the eyes of the new born is termed ophthalmia neonatorum.
21. Three per cent. nitrate of silver is the best solution for cleansing the eyes.
22. Membranous croup and laryngeal diphtheria are identical diseases.
23. The average weight of a child at birth is five pounds.
24. A child normally doubles its weight at the end of the first four months.
25. Parotitis often affects the ovaries or testicles.
26. Eneuresis may be cured by giving plenty of water to drink.
27. Young infants cannot digest starchy foods.
28. Children are more susceptible than adults to preparations of opium.
29. All skin eruptions are due to syphilitic infection, or to heat.
30. Convulsions in children are frequently due to indigestion.

OBSTETRICS

Assemble the following articles:

1. Suture material (catgut, silk-worm);
2. High forceps; 3. Low forceps; 4. Specula;
5. Sterile sheets; 6. Sterile bowls; 7. Sterile sponges; 8. Sterile tampons for packing;
9. Needles; 10. Needle holders; 11. Hemostats and clamps; 12. Curved forceps; 13. Irrigators;
14. Douche bag; 15. Douche point; 16. Boric Ac. Sol. (4%); 17. Normal Salt Sol.; 18. Ether mask and ether; 19. Kelly douche pad; 20. Sterile gloves; 21. Tape; 22. Scissors; 23. Argylol Sol. (1%); 24. Hot and cold water;
25. Bath thermometer; 26. Blankets; 27. Basket for babe; 28. Hot water bags; 29. Olive oil; 30. Sterile binder for babe; 31. Alcohol; 32. Sterile gowns; 33. Rubber sheet;
34. Abdominal binder; 35. Extra bed sheets; 36. Cotton; 37. Applicators; 38. Sterile basins;
39. Sterile pipette; 40. Ice bags; 41. 3 in. gauze roller bandage; 42. Pillows; 43. Enema

tube and funnel; 44. Container; 45. Vaseline; 46. Bedpans; 47. Breast binder; 48. Safety-pins; 49. Castile soap; 50. Baby powder-talcum; 51. Diapers.

For each of the ten procedures each applicant is given a test blank on which the numbers from 1 to 51 are typed in a vertical column.

INSTRUCTIONS: Demonstrator to state, "You see here articles needed for delivery and care of an obstetrical patient and a newborn infant. Each has a number. Select those which you think would be needed for the following procedures, by drawing a line under the number indicating the instrument or object you mean."

Preparation for:

1. Normal delivery.
2. High forceps delivery, after protracted labor.
3. Making an obstetrical bed.
4. Resuscitation of infant.
5. Post-partum hemorrhage.
6. Hemorrhage from infant's cord.
7. Putting on infant's binder: dressing of cord.
8. Infant's first bath.
9. Care of phlebitis.
10. Putting on breast binder.

HYDROTHERAPY AND MASSAGE

INSTRUCTIONS: Cross out the word that does not apply.

1. 100 degrees is boiling point
Centigrade
Fahrenheit.
increase
2. The primary effect of heat is to
decrease
the amount of blood in a part.
3. The effect of long continued heat is to
increase
the amount of blood in a part.
decrease
4. Cold compresses should be made of
flannel
of
gauze.
5. The purpose of cold applications is
aid
to
evaporation.
prevent

6. The temperature of a neutral bath should
eighty
be
degrees Fahrenheit.
ninety-five
stimulating
7. The effect of a neutral bath is
sedative.
8. In pulmonary tuberculosis massage over
indicated
the chest is
contra-indicated.
should
be rubbed.
9. In phlebitis, the leg
should not
centripetal
10. Friction should be
centrifugal.
11. Kneading of the muscles is termed
petrissage
effleurage.
retards
bodily nutrition.
12. Passive exercise
increases
hindered
13. Elimination is
hastened
increase
by massage.
14. Hot packs
lessen
the amount of fluid
retained in the body.

DIETETICS

INSTRUCTIONS: Make a cross (X) before the best reason in each of the following statements:

EXAMPLE: The cooking of food is of value because:

- a. It destroys micro-organisms.
- b. It aids the circulation.
- c. It improves the teeth.

1. Water is necessary for the body because:

- a. It dilutes the food.
- b. It helps the cells to multiply.
- c. It supplies fluid for the tissues and secretions.

2. A mixed diet is desirable because:

- a. It tastes good.
- b. It contains necessary materials for the cell structure.
- c. It contains more carbohydrates.

3. A "salt free" diet is sometimes given because:

- a. Salt makes you thin.
- b. It is necessary to limit the intake of water.
- c. It cures constipation.
4. Starchy goods should be thoroughly cooked because:
 - a. Heat dissolves the covering of the starch granules and changes starch to sugar.
 - b. Starch is found in all foods.
 - c. Starch is not digested in the stomach, but in the mouth and small intestines.
5. The amount of carbohydrates is reduced in a diabetic diet because:
 - a. Carbohydrates make the patient drink more water.
 - b. Sugar cannot be properly oxidized in diabetes.
 - c. Carbohydrates furnish fuel to the body.
6. Protein is essential to the diet because:
 - a. It builds tissue.
 - b. It supplies fat to the body.
 - c. It is stored in adipose tissue.
7. Beef extract and beef tea are of slight value as nourishment because:
 - a. They contain but little protein.
 - b. They are not cooked long enough.
 - c. They are too quickly absorbed.
8. Refrigerators and food containers should be cleaned daily because:
 - a. They collect dust.
 - b. Milk and butter are easily contaminated where it is warm.
 - c. Decomposition of food is due to bacteria and is furthered by lack of cleanliness.
9. It is important to understand the caloric value of diet because:
 - a. The number of calories varies in different people.
 - b. A student needs less than a day laborer.
 - c. We can estimate the amount of food needed by the body for repair.
10. Green vegetables and fruits are valuable additions to diet because:
 - a. They come in summer when it is too hot to eat meat.
 - b. They are rich in minerals and vitamins.

- c. They are less expensive than most protein food.
11. In planning a diet for anemia the articles of food should be selected because:
 - a. They are easily digested.
 - b. They contain iron.
 - c. They contain vitamins.
12. Vitamins are necessary to a diet because:
 - a. They aid in elimination.
 - b. They stimulate the ductless glands.
 - c. They are part of all cell life.

ETHICS

INSTRUCTIONS: Place a cross before the answer you think is the best one.

EXAMPLE: Honesty is an essential quality for a nurse because:

1. She will get along better if people trust her.
2. If she is once caught in a lie, the doctor will never have confidence in her again.
3. She is able to trust herself and others.
4. Dishonest people never succeed.
- I. The study of Ethics is an aid to human society because:
 1. It will make us afraid to break rules.
 2. It will make others think more of us.
 3. It will enable us to think and act more wisely.
 4. It will help us to attend solely to our own business.
- II. Coöperation is a fundamental part of professional standards because:
 1. It protects the interests of nurses.
 2. It furthers the sharing of knowledge and skill for the benefit of the patient.
 3. It is easier to agree with others than to quarrel.
 4. People will think more highly of the profession.
- III. A nurse should not make a diagnosis of disease because:
 1. She lacks adequate medical preparation.
 2. She is too young.
 3. The doctor would be displeased.

4. The patient would not have confidence in her.
- IV. A nurse is under obligation not to repeat what she may learn in her professional capacity because:
1. She might become mixed up in some trouble.
 2. It is wrong to gossip.
 3. The patient must be protected by reason of the confidential and intimate nature of his relation to nurse and doctor.
 4. Professional matters are seldom understood by outsiders.
- V. Nursing is termed a profession rather than a trade because:
1. It has shorter hours.
 2. It requires more education.
 3. It is better paid.
 4. It involves obligation of service wherever needed.
- VI. It is correct for a nurse to leave the case when the doctor is dismissed because:
1. The doctor would be jealous if she stayed.
 2. Her professional capacity is that of assistant to the doctor.
 3. The new doctor may not request her to stay.
 4. The patient may not request her to stay.
- VII. The nurse owes loyalty to her physician because:
1. She likes him.
 2. She respects his ability.
 3. She can do him harm with the patient's family if she is not loyal.
 4. The standing of professional nursing depends upon coöperation of the nurse with the physician in charge of the patient.
- VIII. It is part of a nurse's duty to request the physician for relief if necessary because:
1. If she is overworked, she cannot do justice to her patient.
 2. She needs recreation.
 3. The patient is often better for a change.
 4. The registry says a nurse cannot work overtime.

THE UNIVERSITY OF CHICAGO'S SUMMER COURSE IN NURSING

AT the request of the Illinois League of Nursing Education of which Evelyn Wood is president, the University of Chicago will offer special courses for graduate nurses during the first term of the Summer Quarter of 1925. These courses in nursing are planned primarily for administrators and instructors in schools of nursing, but are open to those in head nurse, supervisory and other positions involving ward management and the teaching of nursing technic.

A wide range of courses for additional electives has been selected from those offered by the various departments of the College of Arts, Literature and Science. This selection has been made with special reference to the sciences un-

derlying the practice and teaching of nursing and to the major and minor sequences of graduate or undergraduate nursing students who are working toward a Bachelor's degree. Graduate courses are open to students who may wish to become candidates for the Master's or Doctor's degree.

For further information apply to the University of Chicago for the Summer Quarter catalogue and for the special pamphlet on the nursing courses which will be issued shortly.

Laura R. Logan, Dean of the Illinois Training School for Nurses and President of the National League of Nursing Education, has been appointed by the University to direct the summer courses.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

ANNUAL MEETING OF NATIONAL COMMITTEE

AT least one significant and outstanding fact that marks the steady advance of nursing is recorded year by year at the annual meeting of the National Committee on Red Cross Nursing Service which holds so many far flung threads of professional interest in its grasp. It may be a point of organization or of general or individual recognition. This year it was announced by Mrs. Mary Hickey, Superintendent of Nurses, Veterans' Bureau, that eight nurses of national standing had been appointed as an advisory committee on nursing to the Director of the Veterans' Bureau and the Medical Advisory Committee. They are Adda Eldredge, Laura R. Logan, Clara D. Noyes, Major Julia C. Stimson, Elizabeth G. Fox, Lucy Minnigerode, J. Beatrice Bowman and Harriet Bailey.

This year the new plan was adopted of beginning the National Committee Annual Meeting on the afternoon before the Annual Meeting of the American Red Cross so as not to conflict with it. Clara D. Noyes, the Chairman, presided. Members present were:

Adda Eldredge, President, and Agnes Deans, Secretary, American Nurses' Association; Mrs. W. K. Draper and Mabel T. Boardman, Secretary, Central Committee American Red Cross; Marie T. Phelan and Susan C. Francis; Major Julia C. Stimson, J. Beatrice Bowman, Lucy Minnigerode and Mrs. Mary Hickey representing the Governmental Nursing Services; General Merritte W. Ireland, Surgeon General; Elizabeth G. Fox, National Director Public Health Nursing Service, Mrs. Isabelle W. Baker,

National Director of Instruction in Home Hygiene and Care of the Sick, American Red Cross, Ida F. Butler, Secretary of the National Committee. Guests included Col. E. F. Bicknell, Vice-Chairman in charge of Insular and Foreign Operations, Mr. James L. Fieser, Vice-Chairman in charge of Domestic Operations, American Red Cross; Mr. R. P. Lane, Assistant Director of Junior Red Cross and Chairman of the American Red Cross Education Committee—who were speakers—Dr. W. A. Redden, Medical Assistant to the Vice-Chairman; Helen Teal, Assistant to the National Director of Public Health Nursing; Marie H. Dohm, Assistant to the National Director of Nutrition Service.

GOVERNMENT RESERVE UNITS

Surgeon General Ireland and Major Stimson reported fully on Government plans for Reserve Units in case of great national emergency, about which there has been some speculation in the country as Agnes Deans, who had returned from a long trip, showed. Points brought out in the reports and discussion were: Including arrangements for general, surgical and station hospitals, hospital trains and headquarters groups. A reserve of 54,061 nurses is called for. While in no way interfering with the daily occupation of any nurse, the organization does mean an efficient nation. Ninety units for which 7,440 nurses were needed, had already been authorized. Authorization was proceeding with care so that the preparation of Reserve Units in any one community would not overbalance civilian needs in time of any local emergency. Expense that might be entailed by too rapid expansion was also avoided. As the first requirement of these Government Units must be that

nurses should be enrolled Red Cross nurses, it was a stimulus to enrollment, and had already had an effect in increasing the general average in numbers of nurses enrolled in the last months of the year.

While the ideas had been based on the experience with the American Red Cross Base and other Hospital Units which had proved their work in 1917, the present units were Government Reserve Units and not Red Cross Units.

"The Army is yours," concluded Major Stimson, "and the Red Cross is ours. We want your interest and support in all these details and we are getting it."

Relative to this demand for nearly 60,000 nurses, the Chairman instanced the work of the State and Local Committees on Red Cross Nursing Service which without undue effort had raised the enrollment from 7,000 to 37,000 when the need had been imperative. Today of the 41,000 enrolled Red Cross nurses, a large number was physically disqualified, and 10,000 had entered into the holy state of matrimony, but there could be no fear that the 28,000 on the active status list could not be raised to 60,000 in any time of great national emergency.

The National Committee deplored the growing tendency to call the State and Local Committees on Red Cross Nursing Service "Enrollment Committees," as enrollment is but one of their many functions. It is asked that this habit shall be discouraged by everyone who is in any way interested.

J. Beatrice Bowman, Superintendent of the Navy Nurse Corps, stressing the manifold duties of Navy nurses in her report, showed them teacher, organizer,

instructor and custodian of property all in one. Their responsibility is heavy and their influence far-reaching since the hospital corps-men they train go out to every vessel of the fleet without a doctor. Men arriving for theoretical nursing training, knowing nothing upon arrival, must be taught bedside nursing, dispensary, X-ray and organization work before they can be regarded as qualified for care of the sick on battleships. The Navy Nurses' influence and responsibility extend all over the fleet. As they send out the hospital corps-men, so the men of the fleet are cared for.

PROGRESS IN PUBLIC HEALTH NURSING

Elizabeth G. Fox, National Director, Public Health Nursing, said there was one particular comment she wanted to make and "that was the very real progress in public health nursing during the year. "After three or four years of experience many of our Chapter committees have come to have a firm grasp of the problems involved in public health nursing, a vital concern for the permanence and growth of their nursing service and an intense pride in it. * * * It is a matter of no small importance to the cause that it should gain a body of some three or four thousand people (to be conservative) distributed all over the country who are its enlightened and ardent supporters. * * * The stabilizing of the Public Health Nursing Service is shown in the statistics. The reduction in the total number of services was only slightly over one-third as great this year as last. While the number of services newly established or reestablished dropped from 207 to 148, about 25 per cent., the number withdrawn was over 50 per cent. fewer this year than

last." The itinerant public health nursing experiment was described and reference made to new projects under consideration with the Indian Bureau.

Mrs. Isabelle W. Baker, National Director, Instruction in Home Hygiene and Care of the Sick, reported on the postgraduate courses for Home Hygiene Instructors held last summer at Simmons College, Boston; Pennsylvania State College; and Colorado Agricultural College, which were fully discussed in these columns from time to time last year. An extension of this type of higher education for nurses is possible. Two requests have been received from the south and the far west to start similar summer session programs there. Considerable discussion of several points raised by Mrs. Baker followed. It was the feeling of the National Committee that Instructors attending these postgraduate courses should be awarded a simple card certifying to this fact. The Chairman's comment on an unavoidable hardship: "It does seem that our nurses must qualify under a most arduous strain," summed up the general feeling on the situation that nurses have to use their vacation, plus a leave of absence, to take such postgraduate work. It was regretted that action on the matter must be a local necessity in each individual case and is outside the province of the committee. On the desirability of having the Course in Home Hygiene taught by qualified nurses who meet the academic standards of the School, it was pointed out that schools generally are adopting Red Cross standards.

NATIONAL DEFENSE DAY

The Secretary's report on National Defense Day, showing that of a poten-

tially active group of 28,000 Red Cross Nurses, 25,000 had reported, though the test was made when many were on vacation, was the subject of admiring comment. Once more the Chairman summed up the general opinion of the Committees with her words: "It was the most wonderful manifestation of organization and interest I have ever seen."

Lucy Minnigerode, Superintendent of Nurses, U. S. Public Health Service, surveyed the work of her nurses at home and in the insular possessions, one of the most interesting points relating to the trachoma investigation in Tennessee, Kentucky, North Carolina and on the Indian Reservations, wherever the disease is prevalent.

DELANO MEMORIAL

Miss Minnigerode also reported, as Chairman of the Delano Memorial Committee, on the Delano Memorial.

Mrs. Mary Hickey, Superintendent of Nurses, Veterans Bureau, reported on the Bureau's decentralization scheme whereby regional offices in each state, the sub-offices wherever needed, take the place of the 14 district offices. Specially trained social service workers are to take over the follow-up work of neuropsychopathic cases. This will release nurses for more intensified follow-up work of tuberculosis cases. There was a keen discussion of the insufficient hospital accommodation for tuberculous and neuropsychopathic ex-service nurses. Mrs. Hickey pointed out that a survey had shown them so scattered all over the country that there is not sufficient number in any one locality to justify setting aside a wing or ward, and they are being sent to Private Institutions.

Mrs. Draper reported on the acquisition by the A. I. C. P. of a beautiful convalescent home for nurses at Babylon, Great South Bay, Long Island, to take the place of Bay Shore, closed January first, which fact has already been mentioned in these columns.

Miss Minnigerode reported that despite all protestations the Reclassification Bill has placed the nurse in the sub-professional services. Government recognition of nursing as a profession it was felt would be greatly facilitated by the grading of schools of nursing and greater uniformity in State Registration Laws. Members of the National Committee were urged to work for these two important ends.

RED CROSS DIVISIONS ABOLISHED

In the interests of economy and unity, the Central Committee of the American Red Cross has authorized the elimination of its six divisions, to become effective February 15. Those States now in the New England, Washington and Southern Divisions will be served direct from National Headquarters; those States now in the present Central and Southwestern Divisions, from a branch office in St. Louis; and the Pacific States, from a branch office at San Francisco. Chapters and their branches will thus be brought into more intimate contact with the National Organization. Services will hereafter be advisory to the Chairman, to the Vice Chairmen and their Assistants, to the newly created Chapter Service, and through this last to the Chapters themselves. Professional contacts will be maintained between Directors of Services and professional workers in Chapters, where necessary, standards and developments of professional service being preserved by this means.

Activities will be strengthened by giving closer field supervision, which will apply particularly to public health nursing and to the classes in Home Hygiene and Care of the Sick.

All the Local Committees on Red Cross Nursing Service now communicating with the New England and Southern Divisions, will after the 15th of this month communicate directly with the Chairman of the National Committee at National Headquarters. There will be some changes in personnel by the cutting down of the number of administrative positions, but this will not affect the Nursing Service as much as some of the other Services, as adjustments are under consideration which will probably provide for nursing personnel.

ENROLLMENT ANNULLED

Yet another list is issued this month giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. Nurses, whose enrollment is annulled, are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they remain the property of the Red Cross:

Katherine Marie Cody, Mrs. Frank Fitzpatrick (*nee* Mary E. Hannick), Edna McMaster, Mrs. Margherita Bessie MacDonald (*nee* Jolly), Mrs. Mary Frances Maxwell (*nee* Chapman), Mrs. C. N. Malder (*nee* Rae Malder Lunn), Grace Newton, Mrs. Fred Ney (*nee* Jane Cecelia Walker), Mrs. Gertrude S. Norris, Mrs. Mabel Theresa North (*nee* Van Vleet), Mrs. Laurance J. Nowack (*nee* Margaret D. O'Hanlan), Mrs. Elizabeth J. O'Brien (*nee* Davis), Lucy Mary O'Brien, Katherine O'Connor, Johanna O'Grady, Mrs. Albert Olson (*nee* Marcella A. McGinley), Hazel P. Onstead, Mary O'Reilly, Allean Wilhelm Brown (colored nurse).

STUDENT NURSES' PAGE

EARLY IMPRESSIONS OF PUBLIC HEALTH NURSING

I

WITH A COUNTY NURSE

BY GRACE HALLWORTH

Senior Student, Missouri Baptist Sanitarium, St. Louis, Mo.

IT was a great joy to me last summer to spend many of my half days out in the county with one of the visiting nurses. Those were days in my life that will never be forgotten. It is impossible for me to tell all that I learned during those trips, but I have jotted down what seem to me a few of the most important things. There are three words which to my mind describe the results of a taste of public health nursing in the life of a student. They are: Take, Make and Break.

Public health nursing takes the student into the harvest field of human lives. When we think of a harvest field, we at once visualize a place ready for action. The wheat is ripe, ready to be cut and threshed to bring out the golden grain. And so it is in public health nursing. This type of work brings the student into the homes and the hearts of the people.

Work in the homes teaches the student to use the things at hand. When on duty in the hospital it is a simple matter to run to the dressing carriage for supplies or to the medicine cabinet for just the thing she needs, but not so in the home. Here she must use to the best advantage whatever she finds.

Public health nursing helps the student to realize the high value of time. On entering the home, she may have to heat the bath water over a slow fire,

instead of merely turning a faucet as she is used to doing. She must instruct as well as care for the patient. The family must be taught how to carry out orders. She must leave a careful report for the doctor whom she rarely sees. And all day long she must be hurrying to reach the next patient—and the next.

The visits to the homes help the student to understand her patients better, and thus make her more kind and considerate of them when they enter the hospital. A few weeks ago I told a nurse on the division to put a new patient to bed. In a few minutes she returned to the desk with a look of horror on her face. On inquiry I discovered that the patient did not want to put a gown on, but insisted on going to bed in her petticoat. The little taste of visiting nursing I had had helped me to understand that probably she had never had a gown. I was able to take her objection as a natural thing, but at the same time to make her see it was different in a hospital. Soon she was in bed resting comfortably. It is so easy for a student nurse to misunderstand the ideas of new patients. When rushed with work they are sometimes, sad to say, impatient. But after we have seen the type of homes from which a lot of our patients come, we have a kinder feeling for them.

Now, how does public health nursing *break* the student? Let us think of a grain of wheat. In it we find many mineral salts and various other important food elements. But in order to bring out these products, the grain must be broken up. So out in the field of home work, the different characteristics of the student are brought out. Not a talent in her life is wasted. In one home executive ability may be needed. Another may need her sympathetic nature. The fact that she is neat and clean will mean most in the homes of some patients. Sometimes a cheerful

and even joking attitude is the thing of most value.

I have tried very hard to find another word to use instead of "break," but to my mind nothing explains this effect on the student better. If the superintendents of our schools and of our hospitals, and their boards of managers, could only understand what even a small taste of public health work can mean in the life of a student nurse, they would see to it that no young woman ever left their doors with a diploma until she had received some training which took her into the homes of the people.

II

WITH HENRY STREET NURSES

By V. E. HUNT, R.N.¹

Children's Hospital, Detroit, Michigan

THE seven observation visits made within my first three half-days represented each a different type of the acute and chronic conditions to which Henry Street ministers, beginning with the babe of one day and ending, by chance, with a happy child mind of ninety-four years.

The social conditions were just as varied, from struggling mulatto standards in basement quarters, to the artistic disorder of a "decayed gentlewoman's" antiques. However, what predominated was the thrifty comfort of our hard working and provident foreign element of the "second generation."

The three nurses sent into these varying homes and circumstances were

trained, until lately, in widely separated localities. A common need, the dependence of illness, had called them. And what made it possible for them to meet the need effectively was the technic and spirit of Henry Street, learned and imbibed in their first few days and weeks here.

The constantly perfected technic of hand and mind is not enough to meet the needs day after day in the sick homes of New York, there must also be what we might call the technic of the heart. It is the habitual cheerfulness with which the nurses climb and seek the third floor back, or front; the greeting and introduction which always open the visit and put the family and visitor on equal footing, so each can give and take assistance in the common project of health for the afflicted member. And

¹Miss Hunt was a graduate of her school, but a novice on the Henry Street staff, at the time of writing.

there is always the insistent reminder that a member of the medical profession is in charge.

Any observer of the Henry Street nurses' technic could not fail to be impressed with the consideration for the home property as well as for the right way of caring for the patient. We may be "Visiting Newspaper Nurses," as one put it, but even the children get the point that newspapers have more uses than being read. And clean hands, first, last and always, must impress even the dullest. But it should be said right here that every nurse did take time along with her work to show and tell others how to take the right care of the patient, and how to protect or care for themselves, and I noticed the nurse kept after the main points until her listeners proved their interest and sincerity by some question or assurance that her advice would be heeded.

By her sympathetic interest in the recital of symptoms and happenings, the nurse gains the definite facts for her report, and the social insight into what is needed next in the way of advice or action. For the Henry Street idea is not just to perform the nursing care and get away and forget, but to sense any social situation for which aid can be suggested or arranged, first by getting all the needed facts in hand. The families seem less reluctant to admit their needs to the nurse than perhaps to any other person.

By remaining strictly professional and tactful, she can best influence the patient to take needed treatments.

In the standing industrial agreements for nursing service, the reaction of patients is simplified, as the arrangement seems perfectly understood; and in no instance was there observed the feeling of taking and getting simply what was coming to them from a person who for the time being might be considered an employee. Rather was there just co-operation and gratitude for the service rendered to those we visited. There doubtless are some people who accept it in a more matter-of-fact way.

I should like to observe in other new and non-industrial cases, but in the one just opened, there was every evidence that the nurse and the one visiting yesterday must be "getting it across" to the family that we were simply helping them to help themselves. The one English speaking member of the family was intelligent and had the others give whatever assistance was needed of them, acting immediately on suggestions for better contagion technic.

So I am most grateful for this observation period and suspect it is the key to the Henry Street morale, if one also continues to follow the little blue book, and her "own judgment." I must say, with such particular search of memory, I could find no breaks of technic whatever on the part of those nurses with whom I went "observing."

The recent gift of \$500,000 by Mr. and Mrs. Felix M. Warburg, in honor of the seventieth birthday of Mrs. Jacob H. Schiff, Mrs. Warburg's mother, will provide an annual income sufficient to add seventeen regular nurses to the staff of that organization. Each will be assigned to one of the nursing centers and will enable the Service to care for 3,500 additional cases. More than ninety per cent. of the sickness in New York City is in the homes. It is needless to estimate what a great percentage of these cases is among the poor, and it is to these unfortunates that the Visiting Nurse brings cheer, comfort and expert care.

PNEUMONIA

I

Long before bacteria were ever thought of in connection with pneumonia, it was well recognized that pneumonia was usually associated with physical exhaustion, that it was likely to occur in persons who had been subjected to unusual physical strain, perhaps coupled with exposure to cold and wet, or who were weakened by some acute or chronic disease or who had been deprived of customary sleep. For the time being, at least, we shall have to rely chiefly on measures for prevention. Such measures are the avoidance of everything which tends to physical exhaustion during the pneumonia season for, as far as we know, physical exhaustion alone may be sufficient to make the carrier of the virulent pneumococcus vulnerable to active infection by this organism. Likewise, it is to be inferred that any acute illness, even a cold, may be sufficient to so lower the resistance of the individual to a pneumonia-producing organism that an acute fatal case of pneumonia may result. To this extent, at least, colds or any acute respiratory infections may be regarded as factors in predisposing to pneumonia. And they in turn may be regarded as the consequence of a respiratory mucous membrane superheated, dried out and devitalized and irritated by the dust and gaseous mixtures to be found in human habitations in the colder months of the year. Especially to be avoided is the bringing of the persons who are not carriers of pneumonia-producing organisms and who may be suffering from some acute illness into a hospital ward or elsewhere where they may come in

close association with persons carrying pneumonia-producing organisms. Danger from pneumonia is lessened by leaving a sick person by himself, in his own home, if possible, rather than putting him with other people in a hospital ward. The physical effort and possible exposure always involved in the transportation of a person seriously ill from his home to a hospital are in themselves also something to be avoided if practicable.—*Bulletin, Health Department, Boston, Mass., October, 1924.*

II

Pneumonia is on the increase. Are you going to be one of the victims or will you do what you can to prevent that possibility? What can one do to avoid it? In some ways pneumonia resembles a cold. Pneumonia like a cold often develops as a result of sudden changes of the temperature of the surfaces of the body. It does not develop on account of cold itself. The causative organism is often present in the nose and throat but does no harm until given an opportunity to "take hold" through sudden changes in temperature to which the body is not able to accommodate itself. The body may be enabled to accommodate itself to these changes if properly dressed.

Rules which, if followed, will lessen your chances of falling a victim to pneumonia, are given below:

1. Dress for the weather.
2. When coming in out of the cold, heavily dressed, remove your heavy wraps immediately. Don't wait 10 or 15 minutes before doing so.
3. If your clothes are wet, remove them, dry the skin and put on dry clothes.

Don't wait for them to dry on the body.

4. When going out into the cold, dress warmly. After having put on heavy clothing go out immediately; don't stand around and get overheated. Let your body gradually accommodate itself to the change from warm to cold.
5. Don't exercise and then stand or sit around with the same clothing on. If possible go in and bathe and change your clothes after exercising. If this is impossible, be sure that you have extra clothing to put on after exercising. If your clothes get wet be sure to keep on exercising until you can change them.
6. If the day is mild but may grow colder, take extra clothing with you. Conversely if the day is cold but gets much warmer, remove the extra clothing.
7. Don't take a warm bath and then go out into the cold. It is best to finish the bath with cool or cold water. If a warm bath is taken just before retiring, be sure that you get to bed immediately and cover up well.

Dress in such a way as to gradually accommodate the body to changes which otherwise would be sudden.

—*Detroit Weekly Health Review.*

III

We often think of pneumonia as a disease of adult life and while one form of the disease does reap its greatest harvest among adults, pneumonia is likewise a disease of babies and small children.

How we can help to prevent pneumonia in babies and small children:

1. Don't let him catch cold.
2. Use even more care in dressing the little tot for changes in temperature than you would for yourself.
3. Don't change from a cold room to a warm one, or vice versa, without changing his clothes.

4. Be sure that the room in which you bathe the baby is thoroughly warm. Dry him thoroughly as soon as his bath is over.
5. Don't kiss the baby on the mouth. Even if you don't think you have a cold, you may have germs in your mouth which don't bother you but which may hurt him. Remember the youngster hasn't developed any immunity. He can't stand the things that you can.
6. If you have a cold, keep away from the baby if possible. Be sure that you don't cough or sneeze near him.
7. Be sure to thoroughly wash your hands before touching the small child.
8. If the child does get a cold, call your physician and take painstaking care of it. A cold is not to be laughed at, especially in a small child. Don't let it run into pneumonia.
9. Take particularly good care of the child convalescing from some infection, as measles, whooping cough, etc., or any other illness which may have weakened his resistance. All illnesses do weaken the resistance. It is when the patient appears to have recovered from his illness and when he is feeling better or all right that he so often falls prey to some other infection—very often pneumonia. Care after the child is getting better is often just as important, sometimes more so, than care while he is actually sick. Don't feel that just because he is feeling all right, he can be allowed to do anything he wants to. Your physician will tell you what to do. Be sure you do it.

Remember that the germ causing pneumonia is often present in the nose and throat. It won't do any harm as long as the body is in a good healthy condition. Don't let the germ get a foothold.

—*Detroit Weekly Health Review.*

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A NURSES' CLUB AND ITS WORK

DEAR EDITOR: The White Triangle Club, composed of nurses of the Litchfield County Hospital Training School, Winsted, Connecticut, was organized November 12, 1923. The policy of the club is to promote further culture, good fellowship, and hospital service. Last year they gave a minstrel, this year a three-act comedy, which netted a good sum. Through the efforts of the club a student nurse was sent to the National Convention at Detroit. Patients in the hospital of limited means are approached by a member of the club, called the social worker, who refers such matters to the finance committee.

Conn.

M. S. L.

FROM BRAZIL

DEAR EDITOR: Down here in the jungles of Brazil, about one hundred and twenty miles from the railroad, and over thirty miles from the post office and telegraph station, we find the days full of work and many amusing incidents, and consequently we have little time to get homesick. It takes about six weeks for mail from home to reach us, and then we get it only every week or ten days when it is possible to send some one on mule back for it. Very much of the incoming mail, as well as the outgoing, goes astray, and we have absolutely no postal protection. We have a co-educational boarding school and a hospital with an out-patient clinic, both of which serve a great and widespread need. Some of our patients come for several hundred miles, and all traveling is done on horse or mule back; many days are spent on the winding path, through thick forests and over sandy trails. My *Journal* is the only nurse companion I have and I look for it with the same longing that I do for letters from home. It is a great means of keeping abreast with the times at home.

Brazil

L. C. H.

CHRISTMAS IN A MISSISSIPPI SANITARIUM

DEAR EDITOR: An interesting program was rendered on Christmas eve by the student nurses of the Vicksburg Sanitarium.

The reception hall was beautifully decorated with holly and mistletoe. A large tree was heaped with presents for everyone. After the audience was seated, the lights were dimmed and the nurses filed in singing "Silent night." This was followed by readings. A scene was given from Hansel and Gretel by Humperdinck. It was beautifully given and was received with enthusiasm. An old Scotch melody was sung by the School Quartet. The final number was the Virginia Reel ending by the singing of Dixie, which brought the audience to their feet with applause. The costumes were designed and the program directed by Mrs. Richard Street. Presents were distributed by Santa Claus to every one. The Sanitarium graduated a class of ten on January 5.

Miss.

R. M.

A NURSING PROGRAM AT A WOMAN'S CLUB

DEAR EDITOR: The Warren General Hospital Alumnae Association, of Warren, Pa., recently presented a program before the Welfare Department of the Woman's Club, which served the double purpose of describing the development of nursing and of demonstrating the practical work accomplished by our local hospital and our public health nurses. Our program opened with an illustrated talk on the history of nursing given by Josephine Hull, who held her audience in rapt attention. Following the talk the audience was invited to an adjoining room where an exhibit of photographs and supplies had been arranged. Each section of the exhibit was in charge of a public health nurse or a hospital representative who, dressed in her attractive uniform, explained the charts, maps and equipment to the interested visitors. These were as follows: Red Cross, School Nurse, State Nurse, Institutional Nurse, Visiting Nurses, Private duty Nurse.

The exhibit depicting the curriculum of an accredited hospital training school was quite complete, being a series of thirty or more photographs for whose use we are indebted to the Committee for Advancement of Nursing Education of Cleveland, Ohio. Previous

to this program a luncheon was given by Mrs. J. A. Rockwell, Chairman of the Welfare Department of the Warren Woman's Club in honor of the participants in the program.

This exhibit was used to illustrate a vocational talk sponsored by the Alumnae Association for the Warren High School on January 16.

Pennsylvania

C. C. B.

THE GENEVA NARCOTICS CONFERENCE

DEAR EDITOR: The first stages of the Conference were confessedly a humiliating and unmitigated failure, and would have been a disgrace to any nation that signed up, which, however, none did. The Conference was run in two sessions. The first was a more or less private gathering of some eight nations directly involved in Oriental opium problems. It was dominated by governments and run by officials to whom curtailment was the last thing thought of. Quite naturally the United States was not invited. The two weeks of the session were spent on such topics as whether opium dens should be veneered into respectability, whether minors and children should be excluded from them,—the Chinese maintaining that not only they but men likewise should be kept out; whether opium revenues should be used for the welfare of victims, a proposition which the magnates considered too preposterous to be even considered. A proposition was made for education, but to be put into effect only at some future time when found "convenient." The first act of the farce ended November 16. The second Conference then took the stage. It was made up of the first group plus the United States and the other nations, but with the same forces in the saddle, and with no better results. On December 16 the second Conference also confessed bankruptcy, an open break-up being averted only by precipitate adjournment to January 13 to await new instructions from their respective governments. *The White Cross holds, notwithstanding, that the Conference can be brought to the right conclusion.* For one thing, a smash-up was averted and date set for reconsideration. *This is certainly no time to quit.* Strong quick action will yet

bring a victory. One thing needful is a further strong outpouring of public opinion. No force under heaven can compare with it. Every letter from Geneva urges it. There is time, though not an hour to spare, for uttering a voice that shall prevail and to this great effort we now summon all the forces of righteousness. In every city, every village, every farmhouse, the cause has multitudes of devoted supporters. To them we now turn. NOW IS THE TIME TO ACT. *Send now, this day,* a postcard, or a letter (postage, five cents), to Hon. Stephen G. Porter, Head of the American Commission, or to that devoted sentinel, Ellen N. LaMotte, both of them, care Hotel Bellevue, Geneva, Switzerland. A letter should carry such a message as this: First, make a 10 per cent. reduction annually; second, limit production to medical and scientific necessities as ascertained by consensus of world medical opinion; third, an International Board of Control to establish and enforce an equitable rationing system and direct public opinion in irresistible impact against any nation that withholds faithful coöperation.

WILLIAM K. MCKIBBEN,

Executive Secretary,

The White Cross,

International Anti-narcotic Society.

Seattle, Washington

THE JOURNAL IN KOREA

DEAR EDITOR: I want to tell you how very much the *Journal* means to me. Next to my home letters, I read the *Journal* before any of the many magazines that come with each mail. It is so very helpful and worth while from cover to cover, that I hardly know what to read first; the advertisements, especially of textbooks, the editorials, the articles, the various departments or the letters to the editor. It is all so fine and so helpful. If it did not come I would certainly feel that I had lost a good friend. It seems selfish to keep all of the good things to myself when the Korean nurses would enjoy it so much, but as yet it is hard to get translating done and the most beneficial articles to the nurses are those that pertain to nursing subjects and these vocabularies are very difficult to acquire. Our hope now is to send one of our nurses for training in America. The chief

obstacle is the lack of English. Our graduate nurses are doing fine work and we are very proud of them, but it would be such a help to have an American trained nurse on our staff.

Korea

E. L.

AS A TEACHER SEES IT

DEAR EDITOR: As I sat in the library of the University on the morning after Christmas, reading the December issue of the *Journal*, especially the editorial page, there came over me a great desire to write you a note of appreciation. The *Journal*, I know, is dedicated to the furtherance of all that is best for the nursing profession, but perhaps you would like to know that one member, at least, of the lay world has found it a source of pleasure and inspiration for ten years. Who am I? Only a teacher in a western city, but through all my high school and college days and these three busy years of teaching, I have loved to read the *Journal*. My dreams of sometime joining the ranks of those who were supposed to read it have seemed hopeless of fulfillment sometimes, and periodically I resolved to forget those dreams and devote my whole energies to being an efficient teacher. But always the desire to be a nurse surged back, and I hastened to the library to eagerly read those numbers of the *Journal* I had missed, to stumble through the long articles on high blood pressure or some such complicated topic, to devour any story or personal bit from the student's page, yes, even to wade through problems of hospital administration. And so although the years are creeping past, the dream remains and grows brighter and I really look forward to entering training in a year or so. That hope the *Journal* has unconsciously fostered. Even though fate should decree that I never realize that hope, still I'm

sure I shall always look forward to a few minutes with each month's *Journal*, just to keep up. In constantly adhering to the finest in literary and journalistic standards, in consistently upholding the loftiest ideals of the profession, you are certainly giving to the nursing world and its friends, a magazine of unusual worth. Please accept my heartiest wishes for your continued and increasing success throughout 1925 and many years to come.

I. M.

AN OVERWHELMING RESPONSE

DEAR EDITOR: You remember advertising my twenty years' *Journals*,—they seem to have been very much in demand. The first call was a telegram from the University Hospital, San Francisco, and they have them all. I have had letters asking for them from Buffalo, Rochester, Cincinnati, Chicago, Moline, Columbia, Iowa City, Melrose, San Francisco, Pittsburgh. The letters still keep coming. Perhaps you had better state that the *Journals* have been taken.

Pepperell, Mass.

IDA E. SHATTUCK.

JOURNALS WANTED AND ON HAND

Mary S. Foy, Director of Nurses, The Battle Creek Sanitarium, Battle Creek, Mich., wishes copies of the *Journal* for the first six years.

Anna J. Falk, 1026 North Third Street, Atchison, Kansas, will send copies of the *Journal* for 1920-1924, except a few missing copies, if postage is paid.

Maude King, 107 Leedes Avenue, Eldon, Mo., will sell for ten cents a copy and postage, the following copies: 1908, January; 1915, April; 1919, April to December; 1920, complete; 1921, all but June; 1922, all but April, May, June; 1923, complete.

From Ora I. Boynton, Spring Valley, Minn.:—"I have all the copies of the *Journal* for 1915, and all but the December number of 1916 which I will gladly give away if postage is furnished."

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

1. Kindly let me know the rules of the Official Registry for Nurses. Is there to be any partiality shown in choosing nurses or are they to be called by number or place (on the list)?

Answer.—A study of the rules governing more than thirty official registries indicate a very real effort to avoid partiality in sending nurses on cases. All have a rule covering the point, i.e., the order in which nurses shall

be sent out. This is usually to the effect that "when no particular nurse is designated the nurse first on the list shall be sent, if possible." Others read "the nurse first on the list shall be sent except in case of personal calls or where graduates of particular schools are requested." Still others read "when no request is made for a particular nurse the registrar will send the first nurse on the list registered for that class of case, all other stipulations being equal."

"A DREAM COME TRUE"

Made possible by the generous bequest of the late Emily Howland Bourne, a roomy, homelike house on Long Island will be ready to welcome tired or convalescent nurses in January, 1925. And the best part of it is that it *belongs* to the nurses of New York City—it is a *permanent* possession, purchased by the New York Association for Improving the Condition of the Poor, in accordance with the terms of Miss Bourne's will. It is to be known as The Nurses' House.

Many nurses have known the comfort of rest at the Red Cross House at Bay Shore, and will be interested to know that as Bay Shore closes its doors, the new Nurses' House will open at Babylon, one station nearer to New York. The new house will carry on the work which the National Red Cross established to meet the war-time need and which the New York County Chapter later took over. The New York County Chapter will continue its interest and its participation in both management and financial support. There is an Advisory Committee, made up of representatives from all types of nursing service, as well as from the two contributing organizations. Mrs. August Belmont will continue as Chairman of this Committee.

Nurses who have been ill or who are in need of rest will be welcomed to The Nurses House. According to Miss Bourne's will, the preference is to be given to nurses engaged in general welfare work and only New York City nurses are eligible, but Red Cross support enables other nurses to benefit by the house. In fact, it is felt that a second "bequest" comes to the new house from the Red Cross in the inheritance of the beautiful spirit of service so strongly felt at Bay Shore and the demonstration of the need and value of such a place.

It is a delightful place—this new Nurses' House—situated but a few minutes from the Babylon station, yet screened from the turmoil and travel by protecting trees. Post office, library, churches, shops and movies are near. There are ten acres of ground, with a beautiful garden and glorious views. The Bay is but a short distance away. The house itself is admirable for the purpose, with its spacious porches, ample sunny living rooms, single bedrooms, open fireplaces and a hundred details of comfort.

At present there is room for thirty guests. There are interesting possibilities for expansion should that seem wise and necessary in the future. A nominal charge of \$10.50 a week will be made, as at Bay Shore, but it will always be possible to make special arrangements when this charge cannot be met. For advice or information about admission, nurses can still refer to Miss Florence Johnson, New York County Chapter of the American Red Cross, or to Alta Elizabeth Dines, of the New York Association for Improving the Condition of the Poor.

In the opening of this new and permanent Nurses House, it seems likely that nurses will agree with Mrs. Belmont, who at a recent meeting of the Committee prefaced her report with the words—"A dream come true."

NURSING NEWS AND ANNOUNCEMENTS

NURSES' RELIEF FUND

REPORT FOR DECEMBER, 1924

Balance on hand, Nov. 29, 1924--	\$15,895.56		
Interest on bonds -----	649.11		
Interest on bank balance -----	122.39		
<i>Receipts</i>			
Connecticut: Connecticut Training School Alum. Assn., New Haven -----	122.00		
Georgia: Second Dist., \$25; University Hosp. Alum. Assn., Augusta, \$25 -----	50.00		
Illinois: Anonymous, \$10; Illinois Training School for Nurses, Chicago, \$50 -----	60.00		
Indiana: Lutheran Hosp. Alum. Assn., Ft. Wayne, \$32; Hope Hosp. Alum. Assn., Ft. Wayne, \$18; Deaconess Hosp. Alum. Assn., Evansville, \$16; Grant County Hosp. Alum. Assn., Marion, \$8; St. Mary's Mercy Alum. Assn., Gary, \$8; individual members, \$6 -----	88.00		
Iowa, Dist. 2, \$42; Dist. 3, \$7.50; Dist. 4, \$16; Dist. 5, \$3; Dist. 7, \$318.60 -----	387.10		
Maine: Central District -----	57.00		
Maryland: Individual member -----	1.00		
Massachusetts: Cambridge Hosp. Nurses' Alum. Assn., \$15; Salem Hosp. Nurses' Alum. Assn., \$20. -----	35.00		
Michigan: Battle Creek District, —Nichols Hosp. Alum., \$22; individual members, \$8; Dist. 10, \$28.50 -----	58.50		
Minnesota: Minnesota State Nurses' Assn., \$13; Dist. 2,—St. Mary's Alum. Assn., \$50; St. Luke's Alum. Assn., \$3; Dist. 3,—Swedish Hosp. Alum. Assn., \$50; St. Mary's Hosp. Alum. Assn., \$50; Rest Hosp. Alum. Assn., \$1; 3 individual members, \$9; Dist. 4,—Mound Park Alum. Assn., \$17; Northern Pacific Alum. Assn., \$6; St. Paul's Hosp. Alum. Assn., \$25; Bethesda Hosp. Alum. Assn., \$10; West Side General Hosp. Alum. Assn., \$5; St. Luke's Hosp. Alum. Assn., \$29; Anker Hosp. Alum. Assn., \$25; 2 individual members, \$2; Dist. 6, Minnesota State Nurses' Assn., \$100 -----		395.00	
Mississippi: Individual nurses, \$156.50; Graduate Nurses' Association, \$44 -----		200.50	
Missouri: Noyes' Hosp. Alum. Assn., St. Joseph -----		5.00	
New Jersey: Dist. 5 -----		4.00	
New York: Dist. 6, Watertown City Hosp. Nurses' Alum., \$39; Dist. 10, pupil nurses, Amsterdam City Hosp., \$25; Dist. 13, four individual members, \$20; New York Hosp. nurse, \$25; St. Vincent's Hosp. Alum., S. I., \$10; Student Body, Community Hosp., \$10; City Hosp. Nurses' Alum. Assn., \$25; Metropolitan Hosp. Nurses' Alum. Assn., \$25; Dist. 14, St. Josephs Alum., Far Rockaway, \$25; Nurses' Alum. Assn., Jewish Hosp., Bklyn., \$25; Norwegian Hosp. Nurses' Alum. Assn., \$25; Brooklyn Hosp. Training School Alum. Assn., \$50 -----		304.00	
North Carolina: Dist. 2 -----		26.00	
Ohio: Dist. 1 -----		39.00	
Oklahoma: Ponca City, \$9; Dist. 1, \$13; St. Anthony's Tr. School, Alum., \$20 -----		42.00	
South Dakota: Alumnae Assn. Methodist Deaconess Hosp., Rapid City -----		5.00	
Texas: Dist. 1, \$5; Dist. 2, \$9; Dist. 3, \$100; Dist. 4, St. Paul's Alum. Assn., \$35; Dist. 5, \$30; Dist. 7, \$12; Dist. 8, \$125; Dist. 9, \$25; Dist. 10, \$78; Dist. 11, \$34; Dist. 12, \$54; Texarkana, \$11; Graduate Nurses' Association, \$100 -----		618.00	
Utah: St. Mark's Alumnae -----		9.00	
Washington: Dist. 1, Bellingham -----		10.00	
Two checks lost in transit -----		25.00	
Total receipts -----		\$19,208.16	

Disbursements

Paid to 57 applicants	-----	\$855.00
Liberty Loan bond	-----	50.00
Exchange and collection		
charge by bank	-----	1.00
Total disbursements	-----	906.09
Balance on hand, December		
31, 1924	-----	\$18,302.07
Invested funds	-----	81,616.14
		\$99,918.21

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee of the Relief Fund is not known, then mail checks to the Headquarters Office of the American Nurses' Association, 370 Seventh Avenue, New York. For application blanks for beneficiaries, and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York. Requests for leaflets should be sent to the Secretary at the Headquarters Office.

REPORT OF COMMITTEE ON FEDERAL
LEGISLATION

Reclassification is at a standstill. The Amendment to the bill which passed the House in the last session will probably pass the Senate. No meetings have been held as far as your Representative knows by the Reclassification Committee of the Joint-Congressional. There was an annual meeting of the Joint-Congressional Committee; no new bills have been taken up. The work of the Joint-Congressional seems to be almost entirely at the present time to secure ratification of the Child Labor Amendment, which is backed by all organizations forming the Joint-Congressional Committee. Mrs. John Sherman, President of the Federation of Women's Clubs, was elected Chairman for the ensuing year; Marion Parkhurst, Secretary. It is very interesting to note that the Graduate Nurses' Association of the State of Texas has become a member of the State Joint-Congressional Committee. They are indorsing, in order to prove that nurses are interested in legislation

other than that which affects nurses, Ratification of the Child Labor Amendment, Appropriations for the State Sheppard-Towner Bill, The Prison Reform, Law Enforcement and Educational Laws, and it is urged that other State Nurses' Associations take an active part in the legislative programs of their states and in legislation which affects the general public as well as in special legislation in behalf of nurses. Until this is done and until nurses are willing to support measures other than nursing measures for the benefit of the whole we cannot receive for the nursing organization the support which is essential when we need help with legislation which we are fostering.

LUCY MINNIGERODE, *Chairman.*

JANE DELANO MEMORIAL

There has been a meeting of the members in Washington of the Delano Memorial Committee and plans have been made to prepare a bill for presentation to Congress and for consultation with both the Fine Arts Commission and the Director of Buildings and Grounds in regard to the selection of a site. It is necessary not only that we receive Congressional permission in regard to placing this Memorial on a definite site, but the selection of this site must be approved by the Fine Arts Commission as must the design of the sculptor. This involves a long process, because matters of this kind move slowly, but it is hoped that the bill will be introduced into this short session of Congress and passed.

LUCY MINNIGERODE, *Chairman.*

THE ISABEL HAMPTON ROBB
MEMORIAL FUND

REPORT TO JANUARY 7, 1925

Previously acknowledged	-----	\$29,181.84
California: Dist. 8, San Diego		
County Nurses' Assn.	-----	10.00
Connecticut: Graduate Nurses'		
Assn.	-----	25.00
Florida: State Nurses' Assn.	-----	25.00
Illinois: Illinois Training School		
Alumnae Assn., Chicago	-----	50.00
New York: Dist. 6	-----	10.00
Oklahoma: State Nurses' Assn.	-----	10.00
		\$29,311.84

MARY M. RIDDLE, *Treasurer.*

Scholarships are granted from this fund, on a competitive basis, once a year in the spring. Application blanks may be obtained from the Secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.

THE McISAAC LOAN FUND

REPORT TO JANUARY 7, 1925

Balance, Dec. 8, 1924..... \$228.84

Receipts

Florida: State Nurses' Assn..... \$25.00

Illinois: Ill. Training School

Alumnae, Chicago 50.00

New York: Dist. 6 5.00

Oklahoma: State Nurses' Assn..... 10.00

Total \$318.84

Disbursements

January 7, Loan made 100.00

Balance, Jan. 7, 1925..... \$218.84

MARY M. RIDDLE, Treasurer.

Checks to the two funds should be made out separately payable to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

A DISPENSARY STUDY

A study is to be made during the next six months, on the place of the nurse and nursing service in the dispensary. The work will be under the general direction of the Education Committee of the National League of Nursing Education with the coöperation and financial support of the Committee on Dispensary Development of the New York United Hospital Fund. Amy Grant is Chairman of the special sub-committee dealing with the study and Emilie Robson has been released from the Henry Street Staff to give her entire time to this piece of investigation. The object of the study is to determine as precisely as possible the functions of the nurse in the dispensary, and the best organization of the nursing service from the standpoint of efficiency and also from the standpoint of education. It is hoped that this will lead the way to a wider and fuller use of the dispensary in the education of the student nurse.

Elmira Bears, Secretary for School Nursing of the American Child Health Association, and the National Organization for Public Health Nursing, resigned in December to be married early in January. Miss Bears has contributed much to this important branch of public health nursing during her relatively short tenure of office.

ARMY NURSE CORPS

During the month of December, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Benning, Georgia, 2nd Lieut. Elizabeth M. Aldridge, Grace Newcomer, Marie J. Farrell, Gerald Lindstrum; to Station Hospital, Fort Bragg, North Carolina, 1st Lieut. Anna B. Carlson; to Station Hospital, Fort Monroe, Virginia, 1st Lieut. Agnes F. James; to Letterman General Hospital, San Francisco, California, 2nd Lieut. Grace H. Fowler, Amelia F. Hanna, Eleanora M. Perake, Synneve Y. Eikum; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Clara D. Woodruff; to Station Hospital, Fort Sill, Oklahoma, 2nd Lieut. Alica A. Becklen.

The following named are under orders for separation from the service: 2nd Lieuts. Teresa Collettine, Helen Dumler, Ruth Fritz, Helen Hartman, Margaret Link, Villa R. Mohler, Wilhelmine Sievert, Laura Stevenson, Bertha Tuell, Mary M. Venable, Dorothy Weed.

JULIA C. STIMSON,

Major, Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

REPORT FOR DECEMBER, 1924

Transfers: To Charleston, S. C., Harriet A. Chism, Beale M. Gaynor; to Chelsea, Mass., Marion F. O'Connor; to League Island, Pa., Anne C. Barry, Bertie A. Weber, Teresa E. Wilkins, Chief Nurse; to Newport, R. I., Clara C. Gay, Estelle Harding; to New York, N. Y., Mary J. Miney, Roberta M. Page, Gertrude L. Peters; to Norfolk, Va., Pearl W. Hoyle; to Parris Island, S. C., Emily J. Cunningham; to Pensacola, Florida, Ella B. Clough; to Port Au Prince, Haiti, Lillian M. Ward; to Portsmouth, N. H., Jutta M. Anderson; to Puget Sound, Washington, Martha

Schmidt; to Washington, D. C., Lillie M. Anderson, Edith M. Conry, Anna P. Smith.

Promotions: Mary H. Bethel, Nurse, U.S.N., to Chief Nurse, U.S.N.

Honorable Discharge: Annie Miller, Ella V. Parrott.

Resignations: Rocia Dority, L. M. Suter, Jane M. Gallagher, Alice L. Tipping, Adelaide R. Cobb and Lula Shanahan.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

REPORT FOR DECEMBER

Transfers: To Quarantine Station, Rosebank, S. I., Anna E. O'Brien; to Baltimore, Md., Bernice Redmond; to Portland, Maine, Ida J. Seright; to Pittsburgh, Pa., Katherine Gibbons; to Stapleton, N. Y., Anna Svensson.

Reinstatement: Mary A. Corr.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS BUREAU NURSING SERVICE

REPORT FOR DECEMBER

HOSPITAL SERVICE, Transfers: To Dawson Springs, Ky., Maro V. Bumgarner, Juliet D. Chaney, Josephine Mickucka; to Bronx, New York, Mrs. Margaret B. Bowen, Lila Henebery, Margaret Cleary; to Chillicothe, O., Elsie McGuffin; to Tacoma, Wash., Myrtle Crabtree, Selina Kane; to St. Paul, Minn., Florence Hegberg; to Washington, D. C., Anna R. O'Donnell, Nora F. Melton; to Lake City, Fla., Frances Hawthorne; to Augusta, Ga., Agnes M. Fraser; to Portland, Ore., Clara Quinlan.

MARY A. HECKEY,
Superintendent of Nurses.

THE NURSING SERVICE OF THE INDIAN BUREAU, DEPARTMENT OF THE INTERIOR

With the recent reclassification of salaries in the Government Service, the Indian Bureau has benefited particularly in the Health Division. Both doctors and nurses have had a material increase in pay, making the Indian Medical Service commensurate with other Government Services. There are now two types of nursing service on Indian Reserva-

tions, the hospital or sanatorium and the public health nursing service. This latter service is new. It is emerging from the reorganization of what is the Field Matron Service. This is a group of devoted but untrained "social workers" who have been called upon to get results in every field of social welfare among Indians during the past thirty years. There are three different types of Indian life which may be helped in their adaptation to white civilization: 1, The village pueblo, a closely knit community, easy of access, strong in established habits but amenable to group influence and community organization; 2, The camp community which is small, often in widely separated districts. They are shy, more difficult to reach, more difficult to influence as a group and yet community organization and group teaching are possible; 3, The nomadic tribes, having many abodes, scarcely to be called homes, the people are wild, an easy prey to the magic of the medicine men. They are willing to suffer and are not easily influenced to abandon their old habits. The nursing service for them would be of the emergency, bedside type of the most primitive and elementary sort. It is a much needed service for which it is difficult to secure the personnel, but found to be fascinatingly absorbing when once undertaken. The nursing service for the other two groups is much the same as county or rural town public health nursing with the additional zest that an alien race may give. The hospitals are in connection with the Government boarding schools or on the Reservations for general work. The sanatoria are for tuberculosis, some for children and some for adults. The large amount of work in the general hospitals is dispensary, obstetric, minor surgical, gastrointestinal for infants, trachoma and other eye cases. The bed capacity ranges from ten to one hundred beds. The Service offers, in all, about 150 positions for graduate nurses. The positions are filled from the Civil Service rosters for such positions. Red Cross courses are always eligible.

UNITED STATES CIVIL SERVICE COMMISSION

Applications for graduate nurse and graduate nurse (visiting duty) will be rated as received until June 30, 1925. The examinations

are to fill vacancies in the United States Veterans Bureau and in the Indian and Public Health Services, at entrance salaries ranging from \$1,020 to \$1,680 a year. Competitors will not be required to report for examination at any place, but will be rated on their education, training and experience. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the post office or customhouse in any city.

INTERNATIONAL NEWS

PRELIMINARY PROGRAM FOR THE INTERNATIONAL COUNCIL OF NURSES, HELSINGFORS, FINLAND, JULY 20-25

July 20

Arrival at Helsingfors.

Morning and afternoon: Business meetings of officers and delegates. Registration. Musical Church Service.

Evening: Welcome to the delegates and guests. Addresses by prominent speakers on International movements in relation to nursing.

July 21

Morning and afternoon: General Sessions, especially concerned with the work of the International Council.

Evening: Introduction of new members.

July 22

Morning: General Session on "Administration and Teaching in Schools of Nursing."

Afternoon and evening: Excursions.

July 23

Morning: General Session on "Public Health Nursing."

Afternoon: General Session on "Special Fields of Nursing."

Evening: Open Meeting.

July 24

Morning: General Session on "Nursing Legislation."

Afternoon: Meeting of Officers and Delegates.

Evening: General Session on "Nursing Associations and Publications."

July 25

Morning: Boat ride.

Afternoon: Social gathering and farewell.

Problems of organization and revision of constitution and by-laws will be given a prominent place on the order of business.

(For details regarding travel and reservations, see January *Journal*, pages 54 and 55.)

AFTER HELSINGFORS—WHERE?

In arranging for the convenience of those who are contemplating attending the Congress of the International Council of Nurses at Helsingfors, Finland, July 20-25, 1925, Thomas Cook & Sons, Travel Bureau, has prepared a number of itineraries for the trips in Europe, following the Congress, of which the following are examples: (The rates given do not include the fare from New York to Helsingfors.)

1. Leaving Helsingfors, a trip may be made, stopping at Stockholm 2 days, Copenhagen 2 days, London 4 days, Paris 4 days (including an excursion to Malmaison and Versailles), arriving in New York 30 days from the time of leaving Helsingfors, costing \$450.00.

2. Another trip may be taken including Stockholm 2 days, Copenhagen 2 days, Berlin 3 days (including excursions to Potsdam and down the Rhine), Heidelberg 1 day, Lucerne 1 day (to make excursion up Mt. Rigi), Montreaux via Geneva, by steamer to Paris, Paris 5 days, London 3 days, arriving in New York 43 days from date of leaving Helsingfors, costing \$577.00.

3. Leaving Helsingfors going straight to Berlin via Stettin: Berlin 1 day, one day to make the excursion to Potsdam, to Amsterdam via Frankfurt, Cologne, Amsterdam 2 days, one-half day at The Hague, sightseeing drive in Antwerp, sightseeing drive in Brussels, Paris 3 days, London 2 days, arriving in New York 30 days from the time of leaving Helsingfors, costing \$447.00. The above trip, plus a trip through the Trossachs, with two days in Edinburgh can be made for \$516.00.

4. A trip can be made from Helsingfors to New York, taking in, Berlin 2 days, Dresden 2 days, Prague 1 day, Vienna 2 days, Munich 1 day, Innsbruck 2 days, Lucerne 1 day,

Heidelberg 2 days, Amsterdam 2 days, Antwerp (sightseeing trip), Brussels (sightseeing trip), Paris 4 days, London 4 days. This trip costs \$696.00. The same trip can be made, including a trip through the Trossachs, with 2 days in Edinburgh, for \$768.00.

Denmark: *The Information Circular*, League of Red Cross Societies, states that the Jubilee celebration of the founding of the Danish Nursing Council, 25 years ago, took place on October 27, and was attended by more than 900 persons, including the Minister of the Interior, the Burgomaster of Copenhagen and doctors and nurses from all parts of the country.

England: Miss Beatrice Monk, Matron of the London Hospital, London, who as guest of the Rockefeller Foundation has been observing educational methods in some of the eastern schools of nursing, concluded her trip in December by a visit to National Nursing Headquarters. These international contacts, with the opportunity for exchange of seasoned opinion, are exceedingly valuable. Miss Monk is the fourth distinguished British nurse to visit our shores within the past few months.

STATE NEWS

Colorado: THE COLORADO STATE GRADUATE NURSE'S ASSOCIATION will meet in Pueblo, February 12. This is the official date for the annual meetings of The League of Nursing Education, The Public Health Section and The State Association.

Connecticut: **Hartford.**—THE HARTFORD HOSPITAL ALUMNAE ASSOCIATION has elected the following officers for this year: President, Irene Muller; vice presidents, Edith Wilson, Elizabeth Blenkhorn; secretary, Bessie Morton; treasurer, Edna Baker. The chairman of the Social Committee is Marie Steege; of the Bulletin Committee, Agnes Post. New Haven. —Elizabeth Van Patten, former President of the Vermont State Association, has succeeded Elizabeth Ross as Associate Superintendent of the Visiting Nurse Association. Abbie M. Gilbert who has had charge of the child welfare work of the Association for the past thirteen years, has resigned to take charge of the Middletown Visiting Nurse Association.

Delaware: Caroline E. Thomson has resigned from the State Health and Welfare

Commission and will spend two years in post-graduate study.

District of Columbia: **Washington.**—The December meeting of the LEAGUE OF NURSING EDUCATION was held at the Nurses' Club. After the formal opening, the President introduced a member of the staff of the Merchants Bank and Trust Co., of Washington, who gave a most interesting and helpful discourse on Investments. After the regular business meeting, a social hour followed.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its eighteenth annual meeting in Athens, November 17-19. Monday morning, November 17, was devoted to Committee and Executive Board meetings. Registration began at 2:30 p. m. At 3 p. m. the meeting was called to order by the President, Jean Harrell, of Atlanta. The invocation was read by Jane Van De Vrede (prayer for doctors and nurses). Ninety-three nurses responded to roll call and many more came in later. The afternoon session was given over to routine business with the usual reports from the officers, various Districts and alumnae associations. Much interest was shown in these reports, especially those of the Alumnae, as many are endeavoring to provide hospital care for their sick members. Miss Van De Vrede, Secretary of the State Board of Examiners of Nurses gave a very interesting report of the work done by the Board for the past year. Included in her report was a recommendation that the Educational Section appoint a committee to work with the Board of Examiners in recommendations to schools of nursing as to text books and records, and that the training schools of the state cooperate with the Board of Examiners in the matter of not accepting students in training who will not be "of age" when graduated. Undoubtedly one of the sources of dissatisfaction with the service of nurses lies in the fact that many are too young to carry responsibility, to meet ethical emergencies, and to have the stability and experience in life required of their calling, but out of reason with their youth. The Monday evening session was opened with community singing. Prof. Andrew Soule, President of the Georgia State College of Agriculture, Athens, delivered the address of welcome and paid the nurses a glorious tribute

and gave them a hearty welcome to Athens. This address was graciously responded to by Anne Gallagher, Supervising Nurse, State Department of Health. Following this was an address by Rose M. Ehrenfeld, Field Representative of the American Nurses' Association, in which she gave a history of the nursing service up to the present date. Her address was informative and inspiring and paid tribute to the alumnae and local organizations in the accomplishment of their national organization. The evening session was closed with the annual address of the President, Jean Harrell, in which she stressed the importance of coöperation of the training schools in selecting well qualified executives and a more thorough training of the pupil nurses. She also emphasized the importance of the graduate nurses living up to the nursing ideals in their practice and service to mankind. She made a strong appeal to the nurses of Georgia to provide Headquarters for the State Nurses' Association. Tuesday morning the business session was resumed with the reports of the various committees and recommendations from same. The main questions coming before the house were that of redistricting the state and creating a Fifth District with Columbus Association and securing a paid secretary. It was decided to set aside \$1,000 from the State Association and ask for the four Districts to raise an equal amount toward the maintenance of headquarters. The reports of each of the seven delegates sent by the State Association to the national association and also of the State Federation of Women's Clubs were most interesting and inspiring. In the afternoon the Educational Section was presided over by Mrs. Eva S. Tupman, Macon. Alice Vaughn gave a splendid paper on the Value of Training in Psychiatry. Discussions followed, many nurses taking part. Barbara Borland, Sandersville, spoke on The Teaching of Ethics In The Training Schools. This was a valuable contribution to the program and was received with much interest. Tuesday evening, Elmira Bears of the National Organization for Public Health Nursing, New York, gave an interesting address on The Nurse as an Educator, emphasizing the responsibilities of the private duty as well as the public health nurse in educating the general public in hygiene and sanitation.

Mildred Rutherford of the Lucy Cobb School for Girls, Athens, gave a very amusing account of her career as "nurse and doctor" in her school in the earlier days before nursing got to be a real science. Wednesday morning was given over to the Public Health Section. Virginia Gibbes, Marietta, presiding. Dr. Bernard Gray of the Athens Child Health Demonstration spoke on the work accomplished by this organization within the past year. Marie T. Phelan of the Children's Bureau, Washington, D. C., spoke on the importance of the nurse giving pre-natal care when she saw occasion to do so. She stated that pre-natal mortality is higher in this country than any other except Chili. Miss Phelan remained in Athens to take part in the Institute which was conducted by the Athens Child Health Demonstration, November 19-21. Belle Boyson, Assistant Director Chapter Service, A. R. C., Southern Division, spoke interestingly of the work of the social worker and the nurse. Emma Habeneicht, Supervising Nurse of the Metropolitan Life Insurance Co., Atlanta, read a paper on The Nurse and the Laity, after which a general discussion was entered into and many phases of the public health work discussed. Wednesday afternoon was devoted to a business session in which the appointments of chairmen of the various sections were announced and the election of officers. The meeting closed with a banquet at the Georgian Hotel, tendered the nurses by the Athens Graduate Nurses' Association, and various business men and organizations of the city. More than a hundred nurses remained over for the banquet. A tea was also given the nurses on Tuesday afternoon by the Athens Women's Club at their lovely Club House on Prince Avenue. These entertainments and the automobile ride following the tea were highly enjoyed by all the nurses in attendance.

Indiana: Elkhart.—THE ALUMNAE OF THE ELKHART GENERAL HOSPITAL are doing their part in the social and civic affairs of the city. Outside of their personal charity, they are aiding a nurse who is ill of tuberculosis. Mrs. Nora B. Finch, the retiring president, who has served since 1920, was elected a member of the Hospital Board of Directors at the annual meeting held in December. This is the fifth time a woman has been elected and

honored by the citizens of Elkhart. The officers elected for 1925 are: President, Clare Shelley; vice president, Edna Miller; treasurer, Alma Checkfield; secretary, Florence Berger. **Fort Wayne.**—**LUTHERAN HOSPITAL ALUMNAE** held its annual meeting, December 3. Officers are as follows: President, Nina Youse; vice presidents, Eleanora Daehnke, Clara Foerster; secretary, Pauline Bischoff; treasurer, Anna Vonderan. Flossy Myers has been appointed school nurse in this city. Martha Eber is a parish deaconess nurse in New York City. **THE FIRST DISTRICT ASSOCIATION** held its regular meeting at The Keenan Hotel, January 10, with The Hope Hospital Alumnae as hostesses, Anna Holtman presiding. There were eighty-seven members present. The business meeting was followed by a musical. Laura R. Logan gave a very interesting and instructive address. A delightful luncheon and social hour were greatly enjoyed. The next meeting will be held in Huntington.

Iowa: Davenport.—At the January meeting of the **MERCY HOSPITAL ALUMNAE ASSOCIATION**, the following officers were elected: President, Mrs. Elizabeth Flynn; vice presidents, Estella Mallette, Nellie Bagley; secretary, Elizabeth Grossman; treasurer, Mary Fitzpatrick. The following officers were elected by **ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION**: President, Edna Atkinson; vice president, Martha Baker, Judith Nelson; secretary, Mrs. Hazel Ehlers; treasurer, Vera Hinckley. **Dubuque.**—The annual meeting of the **FINLEY HOSPITAL ALUMNAE ASSOCIATION** was held on December 6, 1924, at the Nurses' Home. After the potluck supper, to which the members of the class of 1924 were invited guests, the regular business meeting was held. The annual reports and the report of the delegate to the State Convention were given. The following officers were elected: President, Helen Heirstein; vice presidents, Clara Henchen, Leonetta Mueller; secretary, Laura Ingalls; treasurer, Alva Miller. Directors, Miss Brennan, Mrs. Gill, Anne Rummell, Frances Pedersen, Mrs. Rogers. The meeting closed with a social hour. **Iowa City.**—Josephine Creelman, Superintendent of Nurses, University Hospital, has resigned, to be married.

Illinois: Galesburg.—Amelia L. Thie and

Lela M. Ferguson have been appointed Superintendent and Assistant Superintendent of the School of Nursing of the Galesburg Cottage Hospital. Both are from the Burlington Hospital, Burlington, Iowa. Vera Roskamp of the Blessing Hospital, Quincy, has been appointed floor supervisor.

Louisiana: The semi-annual examination of the Louisiana Nurses' Board of Examiners was held in New Orleans and in Shreveport, December 15 and 16. One hundred and six applicants qualified as registered nurses. The Louisiana Nurses' Board of Examiners is composed of the following members: Dr. John T. Grebbin, President; Julie C. Tebo, secretary-treasurer; Dr. George S. Brown, New Orleans; Dr. Fred J. Frater, Shreveport; Dr. Robert W. Faulk, Monroe.

Maine: **THE MAINE STATE NURSES' ASSOCIATION** held its annual meeting in Portland, January 8, 9. The morning session of the first day was given to business and reports. In the afternoon, the address of welcome was given by Harry Brinkerhoff, City Manager, and the response by Rachel A. Metcalfe, followed by the President's address by Mrs. Lou S. Horne. Then followed a session of the State League with Miss Metcalfe presiding. Addresses were given by Mary M. Roberts, editor of the *American Journal of Nursing*, and by Mrs. Theresa R. Anderson. At 5, tea was served at the Falmouth Hotel by the alumnae associations of the Maine Eye and Ear Infirmary and the Maine General Hospital. In the evening there was a banquet, followed by an illustrated address by George O. Cummings, M.D., on *The Accessory Sinuses of the Nose*. On Friday, the Public Health Nursing Section met with Katherine Galvin presiding. Papers given were: Industrial Nursing, Helen Dunn; Development of Clinics for Tuberculous and Crippled Children, Jennie Ballantyne; Nutrition Institute, Katherine Quinn; Work of the Delano Nurse on the Islands, Edith Spiers; Development of County Nursing, I. C. Johnson. A loan fund for enabling nurses to take public health courses was started, with a nucleus of \$77.25. The Private Duty Section met with Mrs. Horne as chairman. Marion Jenness gave impressions of the Detroit convention. Mina M. Booner spoke on Ideals of the Private Duty Nurse.

The afternoon session was devoted to business. Officers of the State Association are: President, Edith L. Soule, Augusta; vice president, Mrs. Theresa Anderson, Alice S. Young, secretary, Louise P. Hopkins, Bangor; treasurer, Mabel Blanchard; director, Rachel Metcalfe. Mrs. Anderson was chosen as chairman of the Public Health Section, and Eleanor Campbell of the League.

Massachusetts: Frederick M. Hollister, M.D., Superintendent of the Brockton Hospital, Brockton, has been appointed by Governor Cox as a member of the State Board of Registration of Nurses, replacing Joseph B. Howland (resigned.). **Boston.**—Lucetta J. Gross has resigned as registrar of the Central Directory. Sara E. Parsons is acting registrar. On December 10, 1924, twenty-two graduates of the BOSTON FLOATING HOSPITAL, met at the On Shores Department, at which time an Alumnae Association was formed. The object of the association is to bring into closer contact all the graduates of the Boston Floating Hospital and to further the interest of scientific pediatrics in the nursing profession. The annual meeting of the MASSACHUSETTS WOMAN'S HOSPITAL ALUMNAE was held December 17, at the Nurses' Home, Parker Hill Avenue. There was a large attendance and the following officers were elected for 1925; President, Mary McNevin; vice presidents, Lillian Spelman, Emily Carlson; secretary, A. Louise Russell; treasurer, Alice Bentlet Goodrich. Plans were made for a bridge party, the proceeds to be used for a free bed for nurses. **Fall River.**—The Truesdale Hospital Alumnae held its annual meeting December 3. The officers elected for the year are: President, Velzora Briggs; vice president, Grace Fullerton; secretary, Doris Beals; treasurer, Margaret Christie. The third annual bazaar was a splendid success. The sum of approximately \$500 was raised toward an addition to the present dining room of the hospital.

Michigan: **Detroit.**—THE SENIOR CLASS OF THE WOMAN'S HOSPITAL gave a bridge and dancing party on November 20, for the benefit of the Clinic Children. The proceeds of the event, \$185, were distributed among many of the Clinic children in clothing, toys, nuts and candy. THE WOMAN'S HOSPITAL ALUMNAE ASSOCIATION held a Candy Sale at the

Hospital on December 20. The proceeds were used to provide baskets of food for the most needy families of the Clinic. **THE FIRST DISTRICT OF THE MICHIGAN STATE NURSES' ASSOCIATION** held its annual meeting and banquet on January 9, at the Women's City Club, Maude McClaskie acted as toast mistress. The following officers were elected: President, Katherine Kimmick; vice presidents, Margaret A. Rogers, Frances Campbell; secretary, Abbie Bayne; treasurer, Ethel Jardine; directors, Ada M. Sweet, Charlotte Giles, Esther Hillock. The annual meeting of the MICHIGAN STATE LEAGUE OF NURSING EDUCATION was held at the Pantlind Hotel, Grand Rapids, January 28-30. Mary S. Foy of Battle Creek Sanitarium presided. **THE GRACE HOSPITAL ALUMNAE ASSOCIATION** is having weekly classes in Parliamentary Law by Mrs. Emma Fox, Parliamentarian. **Marquette.**—Mrs. Helen de Spelder Moore, Secretary of the Michigan State Board of Registration of Nurses, conducted an examination at the Peter White Library. There were fourteen applicants. **DISTRICT FOURTEEN** of the MICHIGAN STATE NURSING ASSOCIATION held its monthly meeting January 6, following a dinner at the Marquette Club. Mrs. Moore and the applicants for examination, were guests. Mrs. Moore addressed the nurses, her topic being, "Adhesions." A very interesting first report on the Official Registry for District Fourteen was read. Members of the District are quite happy in doing this important piece of work, having worked for the Registry for the past two years. Mrs. Moore also spoke at the Women's Welfare Club the following day, her topic being, *The Work Being Done in Michigan with the Sheppard-Towner Bill.* Victoria White, Superintendent of Ishpeming Hospital, is on leave of absence for a period of three or four months. During Miss White's absence Marie Brown will assume the duties of Superintendent.

Minnesota: **Minneapolis.**—THE THIRD DISTRICT held a meeting on December 10, at the Andrews Presbyterian Church, preceded by a meeting of the Private Duty Section. An address on the Use of Insulin was given by Dr. Archie Beard. St. Andrew's Training School Alumnae were hostesses. Marion Will has been appointed Superintendent of Rood Hospital, Hibbing. **THE HILLCREST TRAINING**

SCHOOL ALUMNAE gave a bazaar at the Nurses' Home, December 4 and 5, from which they realized \$250. **ST. MARY'S TRAINING SCHOOL ALUMNAE** entertained the faculty, December 3, at a dinner meeting at the Curtis Hotel. Alma Shirley, who has been Superintendent of the Norwegian Deaconess Hospital for two years and who is a graduate of that school, left the city in November to take up mission work in Honan, China. **St. Paul.**—The Mounds Park Nurses' Association has voted to take over the publication of the Mound Builder and charge a subscription rate of \$1.50. A bazaar and fun frolic was held on December 8 at the Nurses' Home under the auspices of the Alumni Association, from which about \$300 were cleared. The following officers were elected for 1925: President, Thelma Barck; vice president, Grace Witham; secretary, Ada Leidstrom; treasurer, E. Thornquist. Directors: M. Danielson, Lillian Bolvig and Mrs. J. Hope.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold examination for nurses February 18 and 19, 1925, simultaneously in St. Louis and Kansas City. Write to Jannett G. Flanagan, Secretary of the Board, or apply to your School of Nursing for application.

New Jersey: **Camden.**—THE COOPER HOSPITAL ALUMNAE ASSOCIATION held its fourth annual card party at the Cooper Hospital, November 11. The proceeds which amounted to \$500, have been added to the fund for the endowment of a bed for sick alumnae members. **Trenton.**—Dr. A. C. Forman, who is in charge of the Prenatal Clinic at Bayonne Hospital, has invited the midwives to send their patients to his clinic for examination. Midwives are also invited to accompany the patients should they so desire. This has been made possible as a result of the activities of the Bureau of Child Hygiene under the direction of Dr. Julius Levy.

New York: **Albany.**—Harriet Bailey, recently Educational Director of the School of Nursing, Bellevue and Allied Hospitals, author of "Nursing in Mental Diseases," has joined the staff of the Board of Nurse Examiners of the Department of Education at Albany. Miss Bailey will make a special study of schools of

nursing in mental hospitals in New York State. Corinna French, recently Assistant Director of the School of Nursing, Philadelphia General Hospital, succeeds Grace Allison, as Inspector of Schools of Nursing. **New York City.**—John B. Watson, the eminent psychologist, is giving a series of twelve lectures on Behaviorism at Cooper Union that is attracting many nurses. These lectures, in printed form, are available at \$5 for the course; they may be had by writing to The People's Institute Publishing Company, 70 Fifth Avenue. **THE ALUMNAE ASSOCIATION OF THE LENOX HILL HOSPITAL** has elected the following officers: President, Mrs. Lavinia Chapman; vice presidents, Cecile Fitzpatrick, Rebecca Kroner; secretary, S. M. Mulligan; assistant, Margaret O'Reilly; treasurer, Martha H. Werner. The Trustees of Bellevue and Allied Hospitals announce that they have established by Resolution of their Board, the Training Schools for Nurses for Bellevue and Allied Hospitals, hoping to open schools at Fordham and Gouverneur Hospitals in addition to the existing schools at Bellevue and Harlem Hospitals, as soon as conditions will permit. They have appointed the present Board of Managers of the Bellevue Training School for Nurses as Managers of the Training Schools for Nurses of Bellevue and Allied Hospitals, to administer the Nursing Service under the general direction and control of the Trustees, as provided for by a series of By-Laws. Vacancies as they occur will be filled from lists of names presented to the Trustees by the Manager. The By-Laws provide that appointments to the Major Executive and Educational positions in the several schools shall be made by the Board of Managers of the Bellevue Training Schools for Nurses of Bellevue and Allied Hospitals, subject to the approval of the Board of Trustees. The Board of Managers of the Bellevue Training School is glad to announce that the contract made with the City through the Board of Trustees of Bellevue and Allied Hospitals in 1906 which was cancelled on Feb. 19, 1924, to take effect Feb. 19, 1925, has been superseded by a settlement more satisfactory to both the Board of Trustees and the Board of Managers, as it makes the management of the Nursing Service more an integral part of

the Hospital than when the School was operated under the Contract. It is felt this system will promote efficiency and give more opportunity for development of the Nursing Service. Teachers College Alumni Reunion will be held this year on February 12. The Nursing Education Department is arranging a program for the morning session on "Needed Adjustments in the Nursing Curriculum." Miss Nutting, Miss Goodrich, Doctor Snedden and others are expected to speak. The afternoon will be given up to general meetings, discussions, and the Dean's tea. In the evening the Alumnae of the Nursing Education Department will have a dinner, with informal talks by a number of members. Fuller announcements will be sent on request. **Peekskill.**—Mrs. Marion D. Lingenfelter resigned her position as Superintendent of the Peekskill Hospital, January 1, after a service of thirteen years. During her administration the hospital has grown from a small structure to a large, modern building embracing all departments of medicine. Mrs. Lingenfelter has retired from active service and will be at home with her family in Auburn, N. Y.

Ohio: Cleveland.—THE LAKESIDE ALUMNAE ASSOCIATION held its regular monthly meeting at the Cleveland Nursing Center, December 2. After the business session a very interesting program of interpretative dancing was given, followed by a social evening. District 4 held a Christmas party on December 16, at Cleveland Nursing Center. There were cards, dancing, refreshments, and a Christmas Tree, with Santa Claus to distribute gifts. Preceding the Christmas party, the Section on Nursing Education held a supper meeting with Cora Templeton, of the City Health Department and Marion Howell, director of the University Public Health Nursing District, and their Staffs as hostesses. The hostesses for the Christmas party were, the President, Mrs. Estelle Koch, and the officers of the District.

Oklahoma: El Reno.—THE ALUMNAE ASSOCIATION OF THE EL RENO SANITARIUM has adopted the Big Sister plan by which each member has pledged herself to adopt one of the younger nurses or one of the Senior students as her Little Sister and look after her professional interests in a big sisterly way.

A loan fund has also been established to aid the Senior students who desire postgraduate work and who are not able to finance it.

Pennsylvania: Elizabeth F. Miller, formerly of Philadelphia, and President of the Pennsylvania State League of Nursing Education, has been appointed by Dr. Ellen C. Potter, Secretary of Welfare, as the Nursing Consultant of the Department of Welfare. Her services are to be devoted to the development and standardization of nursing service and nurses and attendants training schools in the State-owned Mental Hospitals and the State-owned General Hospitals in the anthracite coal field. There is intimate coöperation between the work of the State Board of Examiners for the Registration of Nurses of the State and the work of the Nursing Consultant of the Department of Welfare. **Bradnock.**—The annual meeting of the BRADDOCK GENERAL HOSPITAL NURSES' ALUMNAE, was held on January 9, at the Hospital. Officers elected for the year are: President, Mrs. Edith Hetrick; vice president, K. Gorham; secretary, Mrs. Mary Turner, Bradnock Hospital, Bradnock, Pa.; treasurer, Mrs. Etta W. Spahn. The meeting was well attended; refreshments were served following the business session. The alumnae will give a dance and card party, January 9, at the Edgewood Club, Edgewood, for the benefit of its relief fund. The association closes the year with \$1,400 in the bank on interest and more than \$100 on the checking account. **New Castle.**—A business meeting of the Chenango Valley Hospital Alumnae, was held December 6, at the hospital, with general business and discussion. New by-laws were talked about, but not definitely decided upon. It was decided to hold the next meeting January 9, and Doctor Guy was asked to give an address. **Philadelphia.**—THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES, PHILADELPHIA GENERAL HOSPITAL, held its regular monthly business meeting January 5, in the Nurses' Home. Following the meeting the student nurses presented a most interesting and entertaining program. The members of the Senior class were the invited guests. The next meeting will be held February 2, in the Nurses' Home, at 3 p. m. Anna J. Haines, who is returning to Russia to work in coöperation with the Health

Department of that country, will give an illustrated talk on health conditions in Russia.

THE NURSES' ALUMNAE ASSOCIATION OF THE LANKENAU HOSPITAL held its annual meeting January 9. The following officers were elected: President, Elizabeth Rapp; vice president, Elizabeth V. Schmoyer; recording secretary, Wilhelmina Rechtenstein; corresponding secretary, Gussie R. Schultz; treasurer, Elizabeth C. Pickering. The monthly meeting of the **SAMARITAN HOSPITAL** was held November 25. After the usual routine business, reports of the State Convention held in Reading, Pa., were given by Maud Le Van, Mrs. Inez Fowler and Jessie M. Rowe. Twenty-two Samaritan nurses attended the Convention this year. The meeting was largely attended. A Bazaar was held December 4, 5, 6, in the Marquetand new store room. There were eight booths representing rooms in a bungalow. Owing to building operations, it was impossible to hold the bazaar in the Nurses' Home, thus greatly affecting the proceeds. Through the kindness of Mr. Marquetand the use of the store was donated. Last reports give the sum of \$960, to be used to furnish a room in the new Hospital now nearing completion. Miss Maud Le Van, class of 1917, Samaritan Hospital, Assistant Directress of the Samaritan Hospital, has resigned to accept a position at the Reading Hospital, Reading. Elsa M. Freese, class 1911, Samaritan Hospital, has resigned as Anaesthetist of the Homestead Hospital, Homestead, to accept a similar position at the Pennsylvania Hospital, Philadelphia. The Nurses' Alumnae Association of Howard Hospital, held its annual meeting, January 8, at the hospital. The following officers were elected for the ensuing year: President, Elizabeth Findlay; vice president, Katherine M. Smith; treasurer, Alice M. Woodward; secretary, Mrs. Mildred R. Rose. The meetings during the past year have been well attended and the paid up membership increased. Fifty-four nurses contributed to the Nurses' Relief Fund. Pittsburgh.—At the January meeting of the **NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL**, the members present voted to contribute another \$1,000 to their Endowed Room Fund, bringing it up to a total of \$17,000. They were enabled to do this with

the endowment fees collected and the money over and above the yearly expenses of the Association. The members were pleased to learn it had not been necessary to use the 365 days they were entitled to during 1924.

Scranton.—THE STATE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Nurses' Home, January 8, with a large number present. The following officers were elected: President, Jeanette Edwards; vice presidents, Josephine Berge, Clare R. Wade; secretary, Agnes L. Cawley; treasurer, Beatrice Heil. The meeting was preceded by a class in Parliamentary Law, by Emily Wilcox.

Rhode Island: Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE met at the Nurses' Home on December 30. During the social hour which followed the business, plans were made for the annual dinner.

Woonsocket.—THE ALUMNAE OF THE WOONSOCKET HOSPITAL held their annual meeting on December 9 at St. Charles Clinic and plans for the annual ball were discussed. THE WOONSOCKET HOSPITAL graduated a class of eight on November 18. The address was given by Winifred L. Fitzpatrick of the Providence District Nursing Association. A reception followed the exercises. The Alumnae gave a banquet to the class on November 17 at Halcyon Inn.

Texas: Austin.—On December 9, the members of the Joint Legislative Council of Texas met at the Driskill Hotel to form plans for the session of the Legislature. A Louise Dietrich, Educational Secretary of Nursing for Texas, was a guest at this meeting and was asked to present reasons why the Graduate Nurses' Association of Texas should be admitted as a member of this Council. L. Jane Duffy, Assistant Supervisor of the Bureau of Child Hygiene, had appeared before at the last meeting. The reasons given by both nursing representatives were: That the nursing profession comes in contact with more people than any other profession; that nurses are interested in any measure which touches community, state and nation; that the trained knowledge of nurses is something worth offering. The Association was unanimously elected to membership, and many high compliments were paid to nurses. The nurses feel as if they have won something worth

while, for they have been a whole year convincing the other organizations that they are not "mere class legislators." Eleven Districts are affiliated as members with the State League of Women Voters, and contribute \$25 each year to its work. The G. N. A. of Texas made the first contribution of \$100 to the medical work of the Prison Survey. The Parent-Teachers' Association has had a representative from the nurses as a past Secretary of the Sixth District of Parent-Teachers' Association. The Educational Secretary of Nursing attends all State conventions of these organizations and always has a place on the floor to tell of the nursing work in Texas and the U. S. A.

El Paso.—The annual meeting of DISTRICT No. 1 was held December 16 with a very good attendance. New officers elected are: President, Mrs. Catherine Edson; secretary treasurer, Miss Ringheisen; corresponding secretary, Minnie Kerskie. Thirteen new members were elected. A committee was appointed to solicit money or delicacies for baskets to be sent to the nurses who are ill in sanitariums, hospitals and in homes. Eighteen were reported. This has been a custom of the El Paso nurses for some years. A new District, known as District No. 12 was organized in October, which promises to be a very active one. It is composed of only two counties with three large cities and some small ones, but it is in a remote part of the state and the nurses could not attend any District meetings where they were members. Now they can drive to a meeting, no matter where it is held as a good road has just been completed. Seventy-two members have paid dues, a central registry for nurses has been organized, standard nursing rates have been adopted. Fifty-four dollars for the Nurses' Relief Fund has been sent in; fifty dollars has been collected towards the State Loan Fund, and a concert was given which netted over \$150. Mrs. Elma Walker, of Port Arthur, is president, Mrs. Mabel Renfro of Beaumont and Margaret Rhea of Orange are vice presidents; Margaret Moseley, secretary-treasurer; K. De Temple, of Beaumont, corresponding secretary. Another new District in the northern portion of the State is being arranged for and will be decided at the State meeting.

Utah: THE UTAH STATE NURSES' ASSO-

CIATION held its regular meeting at the Elks' Club, Salt Lake City, January 5, at 2 p. m. Reports of officers and committees were given. There was a discussion of the rules of the Directory, led by Elizabeth Pritchard. Plans for the entertainment of the International Council of Women were outlined by Mrs. Amy Brown Lyman. An address, The Tuberculosis Situation in Utah, was given by Dr. L. E. Vicks. A dinner for the members was served at the Club at 6, the evening session following. After the election of officers, Dr. R. T. Richards lectured on A Goitre Survey of Utah. Officers elected are: President, Blanche Henderson; vice president, Ella Wicklund; secretary, Jane Rawlinson; assistant secretary, Lucy Pocock; treasurer, Melva McDonald.

Washington: Tacoma.—A NURSES' CENTRAL DIRECTORY has been started under the auspices of the Pierce County Association of Graduate Nurses, with Laura L. Long as registrar. **Yakima.**—THE YAKIMA COUNTY NURSES' ASSOCIATION met December 19, in St. Elizabeth's Hall. The attendance was large and Sister Gabriel, Supervisor of Schools of Nursing, gave a very inspiring talk on "What The Association Means to the Graduate Nurse." Sister also spoke on the benefits to be derived from a regular and careful reading of the *American Journal of Nursing* and she pointed out, too, the place of psychology in the practice of nursing. As a result of Sister's splendid talk serious resolutions were made by each member for the coming year.

Wisconsin: Milwaukee.—The Fourth and Fifth District Nurses' Association held its regular monthly meeting at the new home of the *Milwaukee Journal*. A tour of inspection of the building was enjoyed by about one hundred and fifty members and friends. The business meeting followed at which time Cornelia van Kooy gave the report from the State Federation of Women's Clubs and Helen Kelly a report from Mrs. P. V. Pennybacker's lecture before the Milwaukee County Federation of Women's Clubs. Each speaker emphasized the fact that every nurse should take every opportunity to interest herself in the work of the Women's Clubs and the latter speaker said that Mrs. Pennybacker paid great tribute to the nursing profession. On December 23 the annual Christmas tree was given

at the Wisconsin Nurses' Club to the poor children of the city, each public health nurse bringing one or several children from her families. Santa Claus presented each guest with a toy and an article of clothing. In the evening of the same day the Senior classes of the Milwaukee schools for nursing were the guests of the Fourth and Fifth District. About 75 guests were present and a delicious luncheon was served by the Club. Dancing was enjoyed. Students from the County Hospital gave a wooden soldier parade which was very realistic. St. Mary's pupils rendered several vocal numbers very beautifully and the Columbia students convulsed the audience with a very funny dramatic skit. The President of the District urged every guest at the time of her graduation to affiliate herself with her organizations and to subscribe to the *American Journal of Nursing* and other magazines pertaining to her profession. The party was voted a very successful close to activities of 1924. The Wisconsin Anti-Tuberculosis Association graduated its twenty-sixth class in December. H. H. Jacobs, President of the Association, gave a very pleasing address. Martha J. Kessler has been appointed supervisor of the obstetrical department of the Visiting Nurse Association to succeed Martha Kowalke, who resigned to be married. Miss Kessler is a graduate of Wesley Memorial Hospital. The January meeting of the MILWAUKEE LEAGUE OF NURSING EDUCATION was held at the Milwaukee Hospital Nurses' Home. Bed making demonstrations were given by the various hospital instructors in an effort to standardize nursing procedures for the Central School of Nursing. Miss Diefenthaler, Deaconess Hospital; Miss Neuman, Mt. Sinai Hospital; Sister Emma Lerch, Milwaukee Hospital; and Miss Ackley, County Hospital, gave the demonstrations.

MARRIAGES

Rose E. Armfelt (class of 1915, Englewood Hospital, Chicago), to Hugh T. Davis, December 24. At home, Everett, Wash.

Alice Baker (class of 1924, State University Hospital, Oklahoma City, Okla.), to Alexander J. Faulkner, November 5. At home, Tulsa, Okla.

Elmira Bears (Waltham Training School

for Nurses, Waltham, Massachusetts) to Homer Wickenden, January 10.

Sarah Addie Bobo (class of 1924, Georgia Baptist Hospital, Atlanta, Ga.), to Arthur O'Neal Feagan, November 26.

Harriett Burgess (class of 1920, Georgia Baptist Hospital, Atlanta, Ga.), to Silas Perkins, November 29.

Mabel Davis (class of 1924, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Louis Taylor, November 27. At home, Montrose, Pa.

Mary Elliot (class of 1920, Evanston Hospital School of Nursing, Evanston, Ill.), to William Harry Farley, November 8.

Mary Elliott (class of 1921, Lankenau Hospital, Philadelphia, Pa.), to William Rea Duncan, December 20. At home, Wheeling, W. Va.

Mae Lester (class of 1907, St. Luke's Hospital, Marquette, Mich.), to Carl Johnson, January 3. At home, Marquette, Mich.

Frances Lueders (class of 1923, Lutheran Hospital, Ft. Wayne, Ind.), to George Keen, December 23.

Pearl Terwilliger Smith (class of 1919, Lenox Hill Hospital, New York City), to William Morrison Doe, December 24. At home, Arlington, R. I.

Mildred Ella Spencer (class of 1922, Litchfield County Hospital, Winsted, Conn.), to John Small Cobb, December 25. At home, Fort Eustis, Va.

Grace Ellen Wills (class of 1917, McMillan Hospital, Charleston, W. Va.), to A. H. Baldock, November 11. At home, Charleston, W. Va.

Abelone Winther (class of 1916, Swedish Mission Hospital, Omaha, Neb.), to Roy Baumbach, November 26. At home, Omaha.

DEATHS

Mrs. William H. Farnsworth (Nellie Benton, Homeopathic Hospital, Rochester, N. Y.), on December 21, 1924, in Buffalo, N. Y.

Pauline Cramer (class of 1923, Mercy Hospital, Bay City, Mich.), on November 20, 1924, at the home of her sister, following an illness of several months.

Mary Jane Corrigan (class of 1902, Mercy Hospital, Bay City, Mich.), on November 15, following an illness of four months.

Miss Corrigan was a member of the first class to be graduated from Mercy Hospital. She has always been a leader in her profession, having organized the Alumnae Association of her school and the Tenth District Association at Bay City. She was active and prominent in this association. During the war she was given charge of the detention work in northern Michigan, receiving high praise from the government for her work. At the time of her death she was Superintendent of the General Hospital in Bay City. Her death is a great loss to her friends among the doctors and nurses who looked to her for advice and sympathy.

Emilie B. Curl (class of 1910, Samaritan Hospital, Philadelphia, Pa.), on November 23, 1924, at U. S. A. Hospital, Fitzsimons, Colo., of Tuberculosis contracted while in Service; Miss Curl was of a very quiet and retiring nature, never overly strong, but one who never shirked her duty, always ready to do her part. She was stationed at Camp Lewis, Washington, was on Transport duty, was stationed at Oteen, N. C., and Fort Sam Houston, Texas; from there she was sent to Fitzsimons, where she improved for a time but failed rapidly during the past year. Miss Curl was buried with military honors, the Roach Post of the American Legion having charge of the funeral. Overseas Nurses, American Legion Auxiliary representatives and the Samaritan Nurses Alumnae forming a Guard of Honor through which the body was borne on the shoulders of the Overseas Veterans; Overseas Nurses conducted part of the service at the grave, a Firing Squad gave the customary salute.

Rose Anna Curtiss (class of 1923, Litchfield County Hospital, Winsted, Conn.), on December 12, 1924. Miss Curtiss did private duty nursing after her graduation. She was lovable and made friends wherever she went. Her death is a loss to the profession.

Mrs. E. J. Gardner (Caroline Davenport, class of 1893, Presbyterian Hospital, Philadelphia, Pa.), in December, after several weeks illness. She was a charter member of her alumnae and will be greatly missed by her friends and associates.

Eleanor Hobart (class of 1898, Methodist Episcopal Hospital, Brooklyn, N. Y.), on December 22, at St. John's Hospital, Yonkers, N. Y., of apoplexy. Miss Hobart was a nurse in the World War, having served overseas, in France, with the A. E. F.

Bessie Magee died on December 22, at the State Sanitarium, Cresson, Pa.

Luella A. Soliday (class of 1890, Clarkson Memorial Hospital, Omaha, Neb.), on January 4, in Tulsa, Okla. When the United States entered into the World War in 1917 Miss Soliday enlisted with the American forces. During most of the war she was stationed at Camp Beauregard, La. She was given an honorable discharge at St. Louis, Mo. At the close of the war, Miss Soliday accepted a position with the Public Health service. Since that time she has been stationed at Memphis, Tenn., Fort Stanton, N. M., Boise, Idaho, St. Louis and New Orleans. Last spring she resigned from the public health work because of her illness and made her home with her sister. Miss Soliday was a member of the American Red Cross and was active in local American Legion affairs. She came to Oklahoma in 1911 and assisted in the organization of the State Association. She was a member of the state examining board for nurses for three years. Burial was at Corning, Iowa.

Welhelmena Zitzman (class of 1910, Germantown Dispensary and Hospital, Philadelphia, Pa.), on November 25, 1924, in Ogden, Utah. Since her graduation she has practiced her profession in Philadelphia and Salt Lake City, Utah.

"My times be in Thy hand,
Perfect the cup as planned,
Let age approve of youth, and death complete the same."

—Robert Browning.

BOOK REVIEWS

BACTERIOLOGY AND PATHOLOGY FOR NURSES. By Jay G. Roberts, M.D. 227 pages. W. B. Saunders Company, Philadelphia. Price, \$2.50.

This little book of 227 pages presents an elaborate outline which suggests many points of enlargement to the teacher. In his preface, Doctor Roberts says that "every effort has been made to simplify the subject and to present only those aspects as may be grasped by the average nurse in training."

The introduction takes up some of the history of the subject. The author speaks of Pasteur's work on fermentation but makes no reference to his giving the germ theory of disease to the world in 1857. He commends Lord Lister's experiments in antiseptic surgery, but does not note the interesting fact that his work grew out of the application of Pasteur's theory. Then the self-sacrificing experiments in yellow fever by our own Government Medical Corps, during which more than one life was lost, among them that of a nurse, and Doctor Strong's work on typhus fever in Serbia during the late war are left out entirely.

Strictly speaking, bacteriology is the study of bacteria, and so bacteria and germs are not "synonymous terms." I have found it worth while to spend some time on the nomenclature of this subject in an effort to make the students differentiate the various terms. This element of confusion again enters in Chapter Five, "Infectious Diseases," where the difference between bacteria and other disease-producing microorganisms is touched upon but is not cleared up satisfactorily for beginners.

Why not say that contagious diseases are infectious diseases placed in quarantine? As the author says, "the distinction between infectious and contagious is not important."

Under "Avenues of Infection" he infers that syphilis, a germ disease, is hereditary. Syphilis may be congenital, like tuberculosis and some other germ diseases, but not hereditary. And later on he again names syphilis as if it were caused by a bacterium. Unless there have been very recent discoveries, it was decided that syphilis is caused by an animal organism—a protozoön.

Is it true that a dose of diphtheria antitoxin serum will prevent diphtheria? Is it not the toxin-antitoxin treatment that does this work.

He might well have added that 2 per cent. lysol solution is the equivalent in disinfection of 5 per cent. carbolic acid solution and so need not be used in a greater strength. Fumigation with potassium permanganate and formalin is practically prohibitive due to the expense of the former drug. It would seem that the Government experiments in fumigation ought to be given more attention, when we treat the subject of disinfection. Why not mention 5 per cent. sodium carbonate solution under disinfectants? It has so much to commend it to our attention. Previously, under disinfection, the author gave pertinent reasons against the use of bichloride of mercury, so why recommend it for scrubbing floors and furniture, or for the disinfection of linen? There are other solutions that excel it in practical value without its attendant harm to the nurse who uses it.

Chapters 2, 3, 4, 8, 9 11, 13 and 14

are good and provide information in an acceptable way for students to grasp. Chapters 17 through 25 on Pathology will serve as a satisfactory working basis for both teacher and students.

Taken as a whole the book has many points to recommend it, but a sharpening of details in nomenclature, and more concrete practical instruction in disinfection are needed in a work of this kind.

LOUIE CROFT BOYD, R.N.,
Denver, Colorado.

THE BOOK OF BREAST-FEEDING. By Hester Viney. 75 pages. E. P. Dutton & Company, New York. Price, \$1.

A realization of the significance which breast-feeding plays in the prevention of sickness and reduction of infant mortality enables one to appreciate a book on this subject.

This book covers in clear, concise and interesting text all the points we most need to know. It begins with a simple description of the structure and function of the breast without confusing the reader with many details. Particularly valuable is the discussion on care of the breasts during the antenatal and postnatal periods; also the restoration of breast milk, by simple methods, after complete or partial failure. Due emphasis is placed on the physical and mental health of the mother as an important factor in successful breast-feeding. Interesting tables show the comparative values of human and cow's milk, and simple diet lists serve as a guide during the critical time of weaning.

The method of presentation is so clear and comprehensive that the book is of

great value to mothers as well as nurses.

MARION D. KIRKCALDY, R.N.,
Chicago, Ill.

THE NEW HYGIENE. By H. W. Hill, M.D. 319 pages. The Macmillan Company, New York. Price \$2.50.

Doctor Hill has given us not a New Hygiene, but indeed quite a new point of view concerning hygiene. The New Hygiene is an interesting and scientific presentation of the needs of the human organism and of that mode of living which enables the body most easily to make the necessary adjustments to environment, and which also develops its potentialities for wider range of adaptation. This is called hygiene.

The organization of the material around the three prime physical factors of life, nutrition, protection and race maintenance, gives a new importance to some old and fairly familiar facts, which tends to arouse an interest in healthy living. Health and physical welfare are put as ends and the many allied sciences are given a place in relation to these ends.

The positive health code is kept consistently before the reader, but one is not given the impression that proper health habits protect against all diseases. Instead the specificity of resistances is emphasized and the theory of immunization and anaphylaxis is explained in non-technical terms.

The questions and problems which are stated at the close of the chapters are extremely practical and carefully planned. Such a presentation of hygiene has real value for students and teachers.

AMELIA GRANT, M.A., R.N.,
New Haven, Conn.

MATERIA MEDICA FOR NURSES. By A. S. Blumgarten, M.D. Fourth edition. The Macmillan Company, New York. Price, \$3.

The new fourth edition of Blumgarten's *Materia Medica* comes as a welcome change from former editions. The general plan of the book is the same as in former editions, the drugs being classified on the basis of systems acted upon and these subdivided on the basis of type of action produced. The order of the various groups has been changed to more nearly conform with the order in which this material is given to students of nursing.—Part I, covering Drugs and Solutions and Part II, *Materia Medica*.

The correlation of Anatomy and Physiology with *Materia Medica* has been strengthened. This is one feature which points the way to more interesting courses in *Materia Medica* and makes for a better grasp of the relationship of drugs to abnormal conditions.

Much old material has been discarded and new material to bring the book up to date has been added. The newer antiseptics as acriflavine, mercurochrome, and gentian violet have replaced less important ones. The chapter on Organic Remedies includes insulin and the more recent developments in others of the organic group. Though much of the material in the chapter on Serums and Vaccines is covered more fully in Bacteriology it seems fitting that this short discussion be included to point out their place in the treatment of disease.

The greatest change in the book has been in the chapter on the making of solutions. This chapter has been markedly simplified, though further simpli-

fication would be possible. That "for the student who knows the reasons why and the rule, solutions would lose their terror" does not seem logical. The student who knows the reasons has no need for a rule.

This edition is without question the most satisfactory one that has yet been produced. It more nearly meets the need of the student in nursing. There is enough explanation to give interest to the subject matter and it will appeal to the woman who wants more than dictionary knowledge.

NELLIE S. PARKS, R.N., B.S.,
Columbus, Ohio.

BOOKS RECEIVED

THE CHILD HEALTH LIBRARY. Edited by John G. Gebhart. Set of ten volumes, including pair of book-ends. Robert K. Haas, Inc., 218 West 40th Street, New York. Price, \$3.

Pre-natal Care and the Baby's Birth. By Harbeck Halsted, M.D.

Babies—Their Feeding and Care. By Louis C. Schroeder, M.D.

The Neglected Age—the Child from Two to Six. By B. S. Denzer, M.D.

Dangers of the School Age. By M. Alice Asserson, M.D.

Communicable Diseases of Childhood. By Stafford McLean, M.D.

Hygiene of the Mouth and Teeth. By Thaddeus P. Hyatt, D.D.S.

What Children of Various Ages Should Eat. By Lucy H. Gillett.

How Children Ought to Grow. By John C. Gebhart.

Psychology of the Child. By David Mitchell, M.D.

Educational Problems. By David Mitchell, M.D.

THE CHILD, HIS NATURE AND HIS NEEDS. Edited by M. V. O'Shea, Professor of Education, University of Wisconsin. 500 pages. The Children's Foundation, Valparaiso, Indiana. Price, \$1.

This survey was prepared by a staff of sixteen experts and is very highly commended

by nurses working with children in both the public health field and in hospitals.

PRAYERS FOR GIRLS. By Elisabeth Robinson Scovil. Henry Altemus Company, Philadelphia. Price, 35 cents.

Miss Scovil is well known to the older members of the *Journal* family, having been for many years one of our most valued department editors. She is the author of several books for nurses and for lay people. This little volume, *Prayers for Girls*, contains many short prayers which will furnish inspiration and suggestion to an earnest minded young girl or, indeed, to an older woman. The range of subjects covers needs of many sorts, as *For Courage, For Money, For Good Temper, For Right Judgment, For Modesty, For Fortitude under Failure, Against*

Jealousy, Against Idleness, Before an Operation, In Convalescence. If placed in a nursing school library it might bring the needed direction to a young nurse in time of temptation or perplexity.

REFERENCE HANDBOOK FOR NURSES. By Amanda K. Beck. Fifth edition, reset. 288 pages. W. B. Saunders Company, Philadelphia. Price, \$1.50.

INDEX OF THE TRANSACTIONS OF THE AMERICAN CHILD HYGIENE ASSOCIATION, 1910-1922. Issued by the American Child Health Association, New York. Price, \$5.

THE NEW DIETETICS. By John Harvey Kellogg, M.D., LL.D., 1021 pages. Illustrated. The Modern Medicine Publishing Co., Battle Creek, Michigan. Price, \$5.75.

EDUCATIONAL OBJECTIVES

The Committee on Public Health Nursing Education of the one-year-old Minnesota State Organization for Public Health Nursing reports as follows:

The aims of this Committee are:

- (a) To stimulate interest in the need of adequately prepared nurses to carry on Public Health Nursing.
- (b) To define the qualifications of a public health nurse.
- (c) To coöperate closely with the hospital schools of nursing to encourage the introduction of public health instruction in the curricula of accredited schools of nursing; the granting of scholarships and loan funds for courses in public health nursing; the increase of affiliations between accredited schools and courses in public health nursing.

The immediate problem selected for this year was that of working with the State League of Nursing Education in offering to hospital schools more instruction in the way of public health problems and activities. A course of ten lectures was worked out and was endorsed by the Board of Directors of the League. In each instance the lecture is to be given by a person especially well qualified to present the topic in hand. In response to 25 letters sent to the Directors of the accredited schools of the Twin Cities, Duluth and Rochester, it has been decided, to begin with, to make the lectures available to 200 senior students in St. Paul and Minneapolis.

A second objective of the Committee has been partially realized. An anonymous gift of \$500 has been placed at its disposal to be used as a Loan Fund for nurses taking advanced work in public health nursing.

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